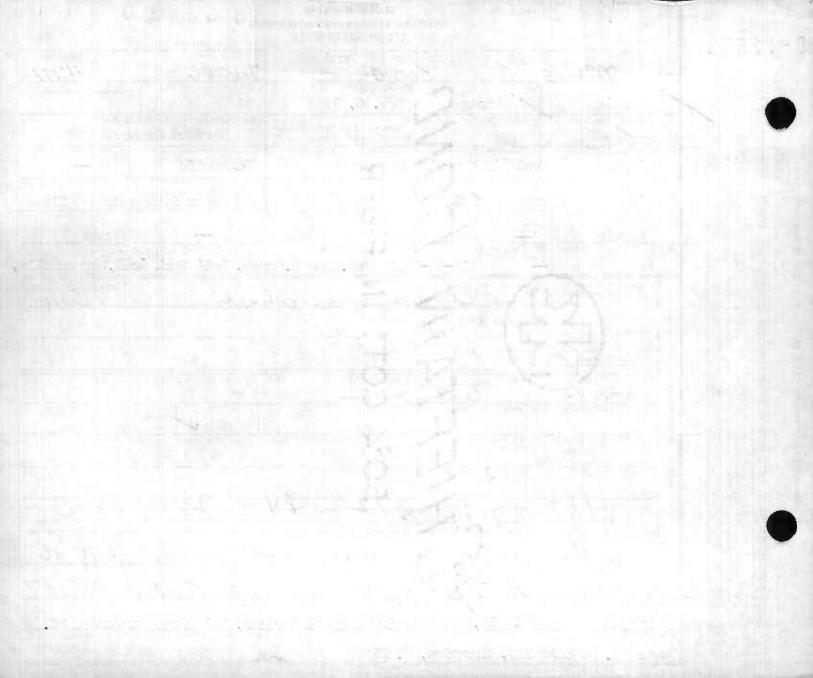
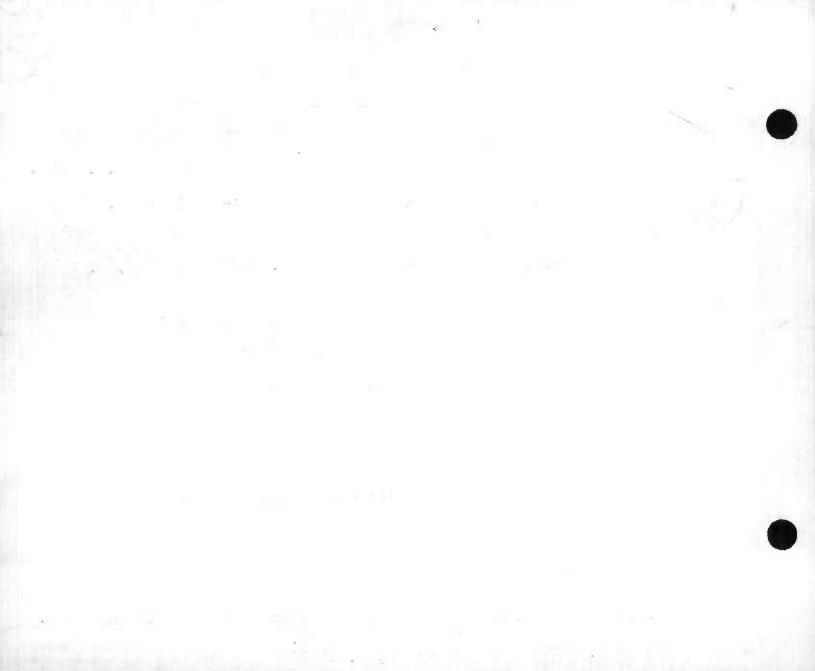
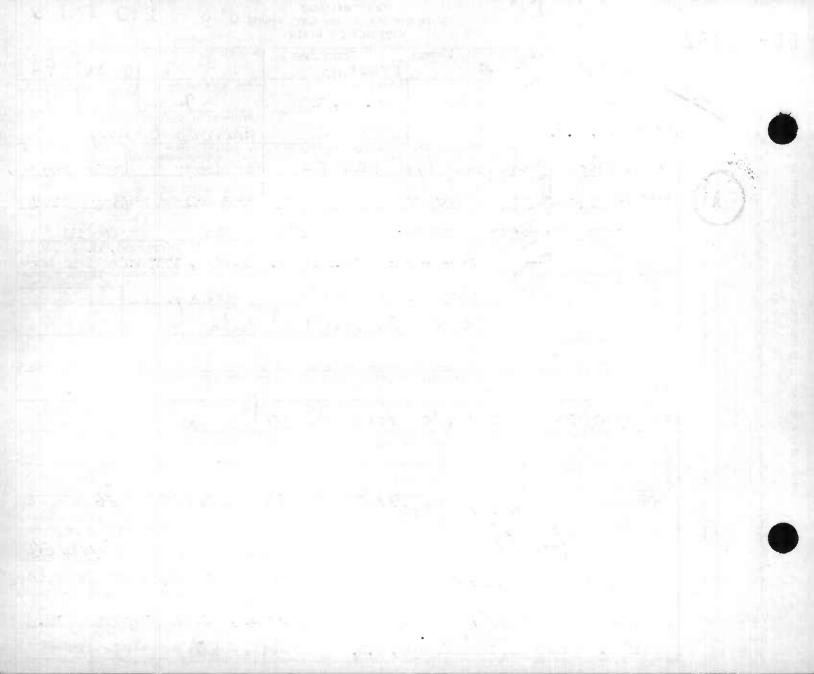
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	000		rede Gracel	Harto	rd 1	Hem. A	05/17	al	Homema		Home	2
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN. The low requires that the death certificate physician.  After this certificate has been signed by the offending post the burial fronts it permit. Then please remove carbon as the burial-transit permit. Then	or oth	1	underlying couse lost.	(c)	Base	tim o	+ +K	230000	antie a	neury.	517	
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DHMH 16 60 (VRA 15)		C	apitol Funeral	Service	, Faî	1s Churc	h, VA	A	IIG 7 1986	Frelia	Javidson-V	tandelle.

THE RELATION OF THE REAL PROPERTY AND THE PROPERTY AND TH







## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

in signed by the attending physicion and co. Then please remove carban papers. Pages 1

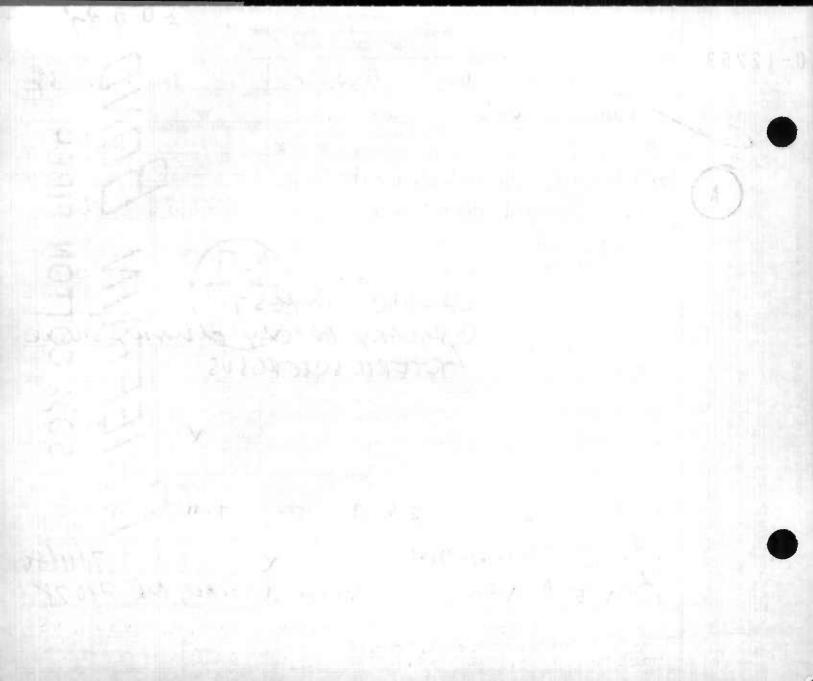
TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, WPORTANI; If them 21 is marked or them 18 shows any injury, or other traumants.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 86 204 37

	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY		86 5. NO.	) 20L	137
	1. DECEASED NAME (TYPE OR PRINT)	Hori		DAVID	F.	BriNegar	20 DATE OF DEAT	July	DAY YEAR 26	6 PM
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	OR CONTRIBUTING	CAUSE OF DEAT	H HOUR A.I	m. Month da m.	Y YEAR		JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2)	
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	230. BURIAL, CREMATION (SPECIFY)  BURIAL		236 DATE	Y 1986 LAN	DMARK (	EMETERY OR CREMATORY CHURCH CEMETERY	SPARTA	, ALLEGHA	NY COUNTY,	
	24. FUNERAL DIRECTO NAME MITCHELL FUI	GIVAIADATE	W MEMORIA	AL CHAPEL, S RE de GRACE	SPARTA , MD 2	, INC	UL 14 198		RAŖS SIGNAŢŲŖI	E

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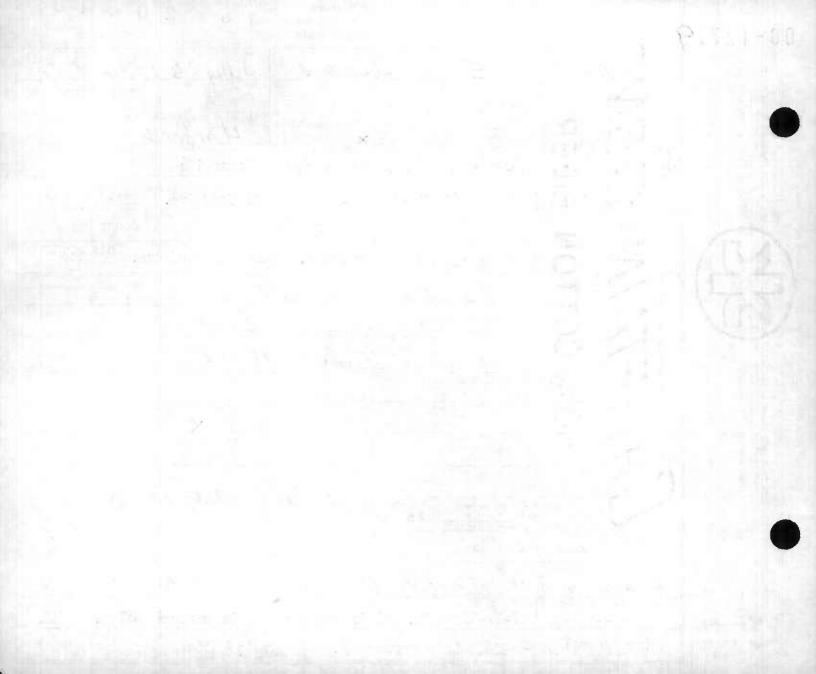
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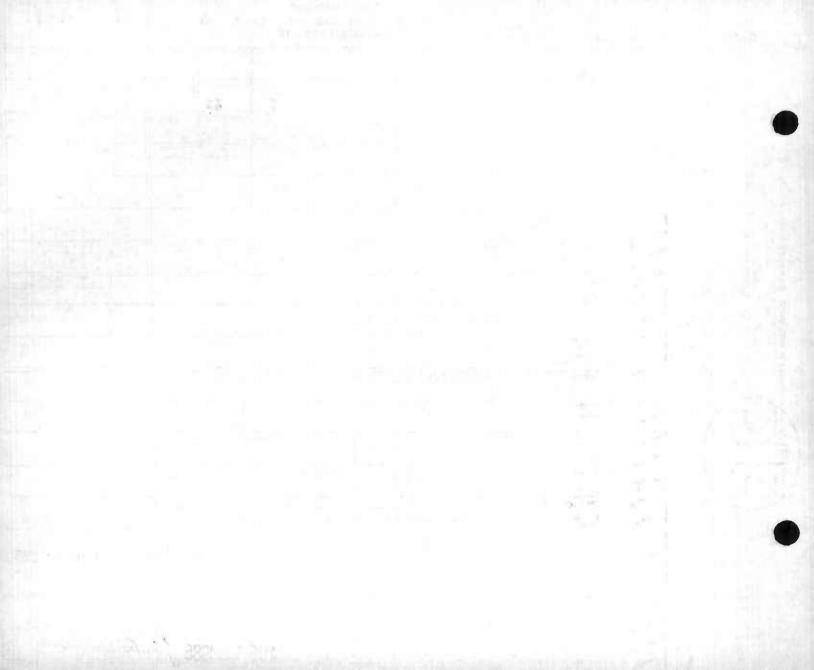
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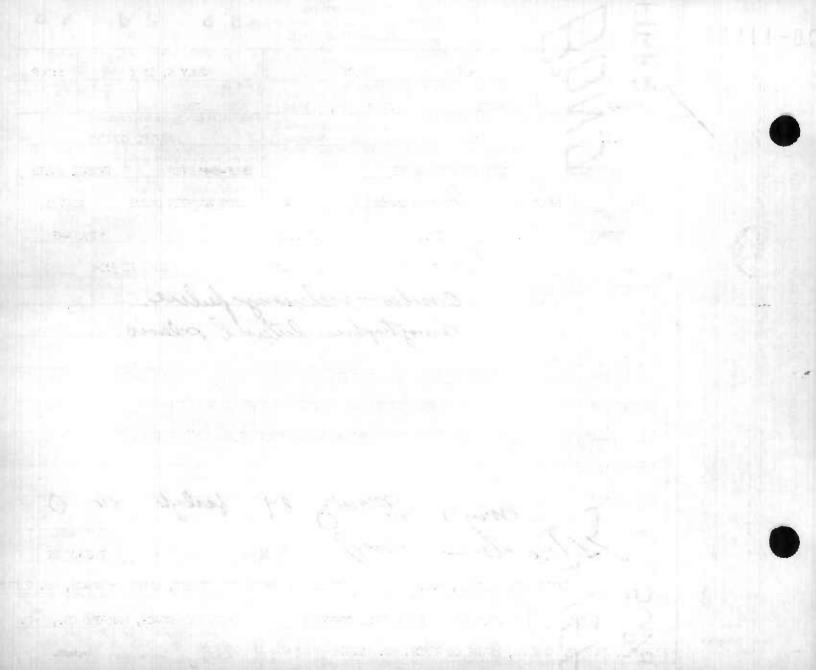
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Then pleas Then pleas to burial, injury, or a	z	PART 2. OTHER SIGN Endometria			ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I	) 1
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DHMH - 16 60M 7/84		JNERAL DIRECTOR				25a DATE		Wake SISTRAR'S SIGN	No Carolii		
(VRA 15, 4)	Aı	rnold Beard 35	Fountain St. I	HavreDe	Grace .Md.	JUL	11 1986 Julia	Davidson	Hovern		

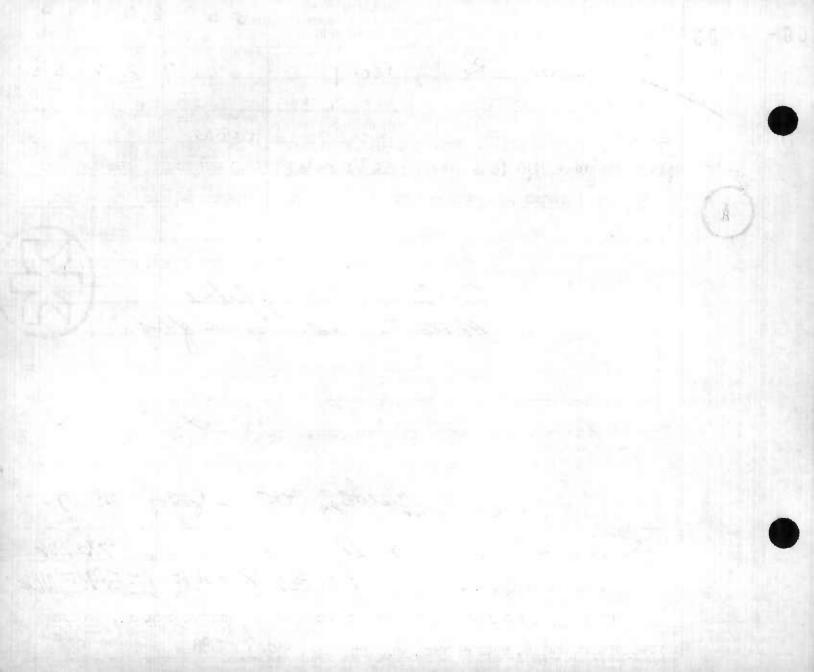
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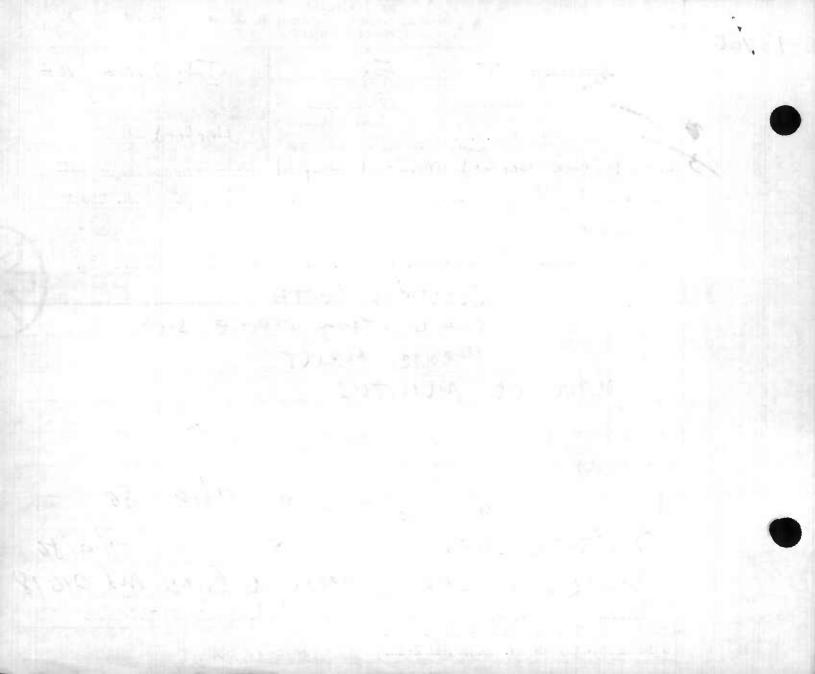
-11909	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 6 2 0 4 3 CERTIFICATE OF DEATH  REG. NO.  FIRST MIDDLE LAST T20. DATE OF DEATH MONTH DAY YEAR T20 HOUR												
		CEASED NAME FI	R5T	1	MIDDLE		LAS	T		20. DA	E OF DEATH	MONTH	DAY	YEAR	26. HOUR
e e e e e e e e e e e e e e e e e e e	111112		DLA		MAE		00	LCE			JUL	Y 6, 19	986		5:00P
E 00 1	3/SE	x		4 RACE			5. DATE OF	BIRTH	YEAR	6 AGE	I IN YEARS LAS	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 H
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2 32 - 15		RTHPLACE (STATE OR FORE	GN	76. CITIZEN OF	WHAT COUN	ITRY?	MADDIED	NEVER	MARRIED -	9 BALT	IMORE CIT	Y OR COUN	ITY OF E	DEATH	
1 1000		N.C.		L	JSA		WIDOWED		NORCED [	HARFORD COUNTY					
1 21 21	10 C	ITY OR TOWN OF DEATH		11. NAME OF I	HOSPITAL, N			OTHER INS	TITUTION	120 USUAL OCCUPATION  1179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
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CE 18 5		MO	HARF		HAVRE			YES [	NO [X		08 BAYV			2	1078
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12 1 1 CK	1	THOMAS	N.E.	٧.		LLY			SALLIE		MIDUL				IAMS
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equires that the signed by the Then please rer to burial, crem niury, or ather	NO	PART 2 OTHER SIGNIFICATION	CANT C	( <sub>(c)</sub>	R AS A CONS			OT RELATE	D TO THE TERM	AINAL DI	SEASE OR C	ONDITION	GIVEN I	N PART III	0
1000	CERTIFICATION	190 DATE OF OPERATION	4	1%. COND	ITION FOR W	VHICH O	PERATION	WASPERFO	ORMED	200 YES	AUTOPSY?	IN CER		G CAUSES	NGS USED OF DEATH?
CIAN 1		21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DE A	TH HOUR A.	M. MONTH	H DAY	YEAR	21c. HOW ⊪	NJURY OCCURI	RED (EN	TER NATURE OF	INJURY IN ITEM	18 PART T	OR PART 2)	
ond Mer	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE		OFFICE, FAR		III. LOCATI	ON		CITYO	RTOWN	(	COUNTY	STATE
PITAL OR ATTENDING by the hospital or of ERAL DIRECTOR. Alt se deteched for use or Store Dept of Health ANT, if hem 21 is mort		228.1 certify that (1) (this saw the deceased obove, (1) (we) (did) 22b. SIGNATURE	did not	view the body	19		DE DE	that in my	ATTENDING PHYSICIAN []	MEDI	CAL S	TAFF		22c. DATE	
TO HOSPITA TO FUNERA Should be di WHO HAP STO	73a 5		OUIS	SILVERST	EIN, M.			203 9	SOUTH WAS		ON STRE	ET, HA	/RE d	e GRAC	Œ, MO.
BP		(SPECIFY) BURIAL	TATE	10 JULY	96			CEMETE			HAVRE C	le CDACE		UNIY	STATE
	24 FI	UNERAL DIRECTOR		10 JUL 1	00	LUNGE	11166	CLME 1		_	BY REGISTR				
DHMH - 16 50M 4/83 (VRA 15, 4)	MI	TCHELL FUNERAL	HOME	E PA, HAVE	RE de GF	RACE,	MO. 2	21078	PUL	9	1986			- Adn	



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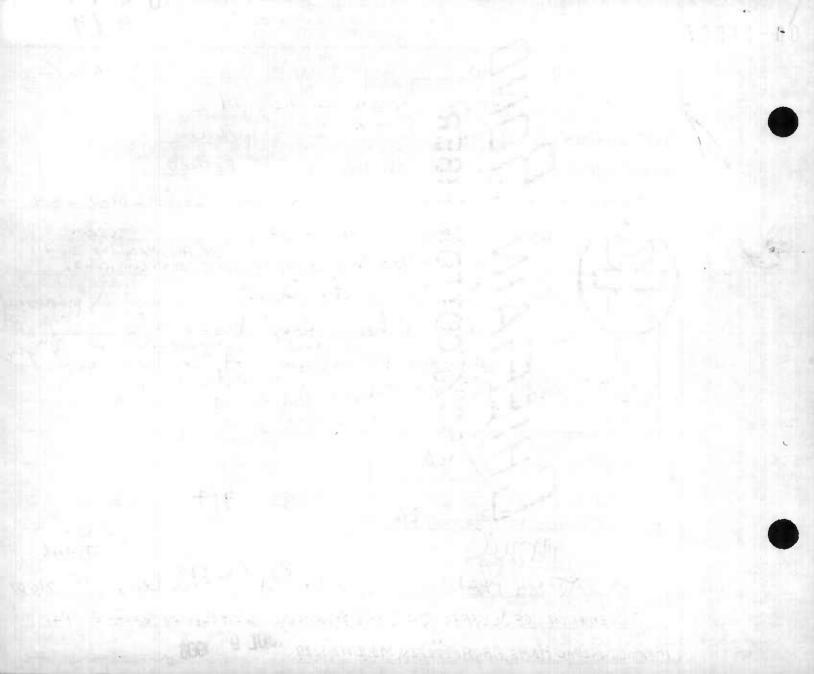


12571	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 2 0 4 4 8
e 4 moy be trov. poge 3 C offer deoth	3. SEX		LES J. FRASCA  4. RACE White  Mite  Month 1927  S. DATE OF BIRTH  Jan 25. 1927	20 DATE OF DEATH MONTH DAY YEAR 76 HOUR 1 STANDER 1 YEAR 16 HOUR 1 STANDER 1 YEAR 16 HOURS MILE TO STANDER 1 YEAR 1 Y
to the part of the	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY)  Md.  TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY?  WARRIED NEVER MARRIED DIVORCED  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	BALTIMORE CITY OR COUNTY OF DEATH  Harford
	USU	AL RESIDENCE (IF NURSING HOME OF STATE 13b, COUR Md. Hars	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. CITY OR TOWN 138 INSIDE CITY LIMITS	(Type of WORK FOR MOST OF WORKING LIFE) INDUSTRY  Drugstore (Lerk)  S? (136.STREET ADDRESS / ZIP CODE
2000	-	Md. Harg Stefan	lord Fallston YES NO NO NOTHER'S MAIDEN Pauline	NAME Pavalczyk
e be execut	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 216-20-2484 Dominic 3	ADDRESS
quires that the death c signed by the attendin Then please remave cark to burial, cremation, or njury, or other traumation	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
The low re- icion.  Te hos been ssi permit. I	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO NO
irsician: ding physics s certifica buriol-tror Mental Hy	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF ETHER, NOTIFY MEDICAL EXAMINE) 218. IN JURY OCCURRED  WHILE NOTHINE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE
		AT TORK		
	4	22a 1 certify that this hosp-	DEGREE ATTENDIN PHYSICIA PRENTI	

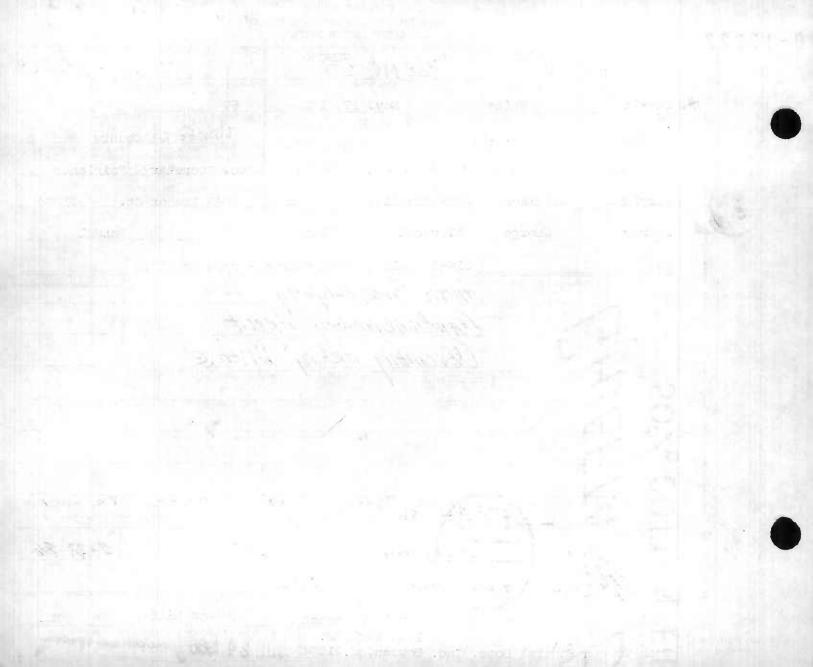
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12222	1.	FOR 7/25/86	rja	U		IEALTH AND MENTAL HY	GIENE		200
- 13666	1.05	REGISTRAR		MIDDLE		AST CONTRACT	REG. NO.	DAY YEAR	
6 WE	(TYPE	CEASED NAME	FLORA	MIDDLE	R. Comment	GENCZO	20. DATE OF DEATH MONTH		2b. HOUR
moy be page		<u> </u>	DH		95 M	,40	1 105	22 86	2561
frer p	3. SE	X	4 RACE		5. DATE (		6 AGE (IN YEARS LAST PRIHITAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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P P		RTHPLACE (STATE OR FO	REIGN 76. CITIZE	EN OF WHAT CO	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
deod		ryland		S.A.	WIDOWI		HARFORD	County	M
he fe	10 C	TY OR TOWN OF DEAT		ME OF HOSPITAL OT IN SUCH FACILITY, O		OR OTHER INSTITUTION	128 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING		F BUSINESS OF
2 0	FA	ISION	Fai	STON	GENERA	HOSP.	Exec. Secretar	y Fairla	nes
1 1100	USU.	AL RESIDENCE OF NURSIN	NG HOME OF OTHER INST		OR TOWN	1 13d. INSIDE CITY LIMITS?	113e STREET ADDRESS / ZIP CO	ODE	
18 PO	Ma	ryland	Harford	Jar	rettsvill		4046 Trebor		21084
The second second	14. FA	THER'S NAME	WIDDLE		LAST	15. MOTHER'S MAIDEN NA		LAST	
(DA)	A	drew	George		brecht	Flora	WIDDLE	Randal	
5 p 5 7		VAS DECEASED EVER I			IAL SECURITY NO.	17 INFORMANT	ADDRESS		
Poges	No	YES NO OR UNKNOWN)	(# YES, GIVE WAR OR D		-22-2416	John Gencz	o - same as #13e	<b>e</b>	
te b		18 CAUSE OF DEATH	(Enter only one co					APPROXIA BETWEEN C	MATE INTERVAL
physic population		PART I. DEATH WA	AS CAUSED BY:	IMI	VIL Zne	ephalopathu			
r ren			MMEDIATE CAUSE	(0)		1/1			
tend on. o		Canditions, if ony,		TO, OR AS ACC	PAID DELL	represent HX	epert		
e of		gave rise to imm	ediate	(6)	- Coconog	01,	5 -		
se re		cause (a), stating underlying cause		TO, OR AS ACC	DISEQUENCE OF	HEKON	Usease'		
plea plea		PART 2 OTHER SIGN	IEICANT CONDITI	ONS CONTRIBUT	ING TO DEATHRUIT	NOT BELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART LIA	
quir sign then to b	Z					The transfer of the term	THE DIGENGE ON CONDITION	Street at the street	
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ne per	E						YES NO NO IN CER	RTIFYING CAUSES (	OF DEATH?
Cote Cote Cote Onsit Hygie	CERTIFI	21a. ACCIDENT WAS UNDE		TIME OF INJURY		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM		
Physical Phy		OR CONTRIBUTING C	NOSE OF DEATH		NTH DAY YEAR				
IYSIG Jing s ce buric Men	MEDICAL	THE EITHER NOTIFY MEDIC		P.M. PLACE OF INJUR	19 Y	211 LOCATION			
PHH then the pud	ME	WHILE NOT WHILE	TATH		Y, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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TEN TO OR.	1	22a.1 certify that (I) (	d alive an	2 5 3 7 2	2 01	, , ,	death accurred on the date and h		
ATT ASP		27h SHSNATURE	d alive an	e body after ded	th.	DEGREE		22¢ DATES	
OR he h		1	- ( \	V.		ATTENDING	MEDICAL STAFF	IN A	19 01
by the		724 PHUSICIANS HA	ME CONTROL OR DRIVE	7 ac	، درود درج	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	7-4	1-00
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Should with the		Officor		turs	mo.	FG4.			
F- 2 - 0 - 2	23a E	BURIAL, CREMATION, R				EMETERY OR CREMATORY	23d LOCATION City or town	COUNTY	STATE
BP	Bu	rial	7-	25-86		on Forest	Owings Mills		Md.
DHMH - 16 50M 4/83	24 Ft	JNERAL DIRECTOR			ADDRES 1050 Yo	DIK Ru.	TE REC'D. BY REGISTRAR 25b. REG		JRE
DHMH - 16 50M 4/83 (VRA 15, 4)	1		Funeral F			DIK RU.	1000	Jandon-1	JRE



		,	FOR		DEPARTI	STATE OF MAR MENT OF HEALTH AN		SIENES 6	2 0	4 :	0
1146	7		STATE REGISTRAR			CERTIFICATE O	F DEATH	REG N	10		
			EASED NAME FIRE	Frazzia	WIDDIE,	'A'Giar	dina	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR
2 25	- 1	(TYPE	GRAZZ			GIARDI		7	6	86	8
4 64	-19	1.56		4. RACE		5 DATE OF BIRTH		6 AGE (IN YEARS LAST 8	RTHDAY} IF	UNDER 1 YEAR	IF UNDER 24 HE
7 25	+		Female	Whi	to	June 29	1900	86		NIHS DAYS	HOURS MI
2 1	4	la. Bl	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY O	FDEATH	
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8 14	2		TY OR TOWN OF DEATH			WIDOWED X	DIVORCED [	12a USUAL OCCUPA	ION		F BUSINESS (
1 11/2	1	4		1	ICH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST		INDUSTRY	
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1 1 1 1	-		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		er line far (a), (b), an	dic		2105	7	BETWEEN	MATE INTERVAL INSET AND DEAT
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and	otic			DUE TO. C	OR AS A CONSEQU	ENCE OF			+ 1		
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2 211	1		gave rise to immediate cause (a), stating the		DR AS A CONSEQU	ENCE OF	) -				
10 to	office of the second		underlying cause last	. ( 10)	,	/	150 U	D			
the district	0.7	93	PART 2 OTHER SPENIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN	IN PART 1 a	
1 122	of the same	O.	1)10	26. M	elli tros	•					
1 10	1	C.A.	190 DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	GS USED
N 0 0 0 1	8/	Ĕ		17 100 10				YES T NOT	YES	VG CAUSES (	OF DEATH?
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15 T T T T T T T T T T T T T T T T T T T	17	AL	OR CONTRIBUTING CAUSE O	DEATH	I.M. MONTH D.	AY YEAR					
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NI SIT	#		you the deceased also	4.1 71	6 105	6 Jand that in it	my) (our) opinion	death accurred on the o	ate and hour o		
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0 0 0 d d	1	_	V , 10 F17	111	/		11211			V0	
1000	1		URIAL, CREMATION, REMO			NAME OF CEMETERY		23d LOCATION CITY OF TOWN		OUNTY	STATE
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DHMH - 16 60M	7/B4	1100	INERAL DIRECTOR		ADDRESS		250 DAT	ERECT-BY REGISTRA	DREGISTRA	PROMOBIL	RE Vanas
(VRA 15, 4)		B.1	yan W. Clas	y., <u>10</u>	W. Pado	onia Rd.	J	UL 7 - 1988	1	rinds	Banda 10

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ner and Eltiebre lander., 1037

2	FOR STATE		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENT		8 6	2	0 4	5 2
0-13450	REGISTRAR  1. DECEASED NAME	. FRST TY	MIDDLE	LAS	Care OF DEAT		REC DATE OF DEAT	G. NO.	DAY YEAR	2b. HOUR.
	(TYPE OR PRINT)	ARRY Harry	TVAN	1	Goode			7	13 86	11-35
noy be poge 3	3 SEX	4. RACE	LVHII	S. DATE OF	oode BIRTH	6. A	GE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER I YEA	
ector.	Male		)hite	MONTH 3	_	VEAR 27	59	YRS		rs Hours Min.
127AL	To. BIRTHPLACE (STATE O	REFOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	☐ NEVER MARR	RIED 9. B	ALTIMORE CIT	Y OR COUN	TY OF DEATH	
1 1000	West Virgi			WIDOWED	DIVOR	CED 🗌		ord Co		MD.
1180	Fallston	EATH 11. NAME OF THE POT IN SU	HOSPITAL, NURSIN CON GENERAL CON GENERAL			TION 12a	USUAL OCCUP PE OF WORK FOR MI Laborer		IZE KIND INDUSTR ACOMIC	Power
A Paris	13a STATE	RSING HOME OF OTHER INSTITUTION	13c CITY OR TOW	N I	3d INSIDE CITY LI		STREET ADDRE			22160
3 1111	Maryland  14 FATHER'S NAME	Harford	Whitefor		YES NO 5. MOTHER'S MA		4039 F	Prospec	it Ka	22100
1/20	Lester	WIDDIE	Goode		Ruby		MIDD		(Unkno	
MORE execu	(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	(daugh				D. 21014
ificate be executivate by the physician and capars. Pages moval.	Yes	Korea	236-40-4	4415	Barbara	Lynn G	oode 4	1506 PE	NTWOO	OXIMATE INTERVAL EN ONSET AND DEATH
201 W. PRESTON SI res that the death cert and by the ottending please remove corbot yound, cremation, or res	Conditions, if an gave rise to it cause (a), state underlying cau	y, which (b)_ nmediate (ing the DUE TO, (	OR AS A CONSEQUE	ENCE OF	CALLIE OT RELATED TO	THE TERMINAL	DISEASE OR C	CONDITION	- Lei Ling GIVEN IN PART	) Iro
RECOI no permit.	190 DATE OF OPER  JULY 2  210 ACCIDENT WAS U	0 1997 6	DITION FOR WHICH	1	WAS PERFORME	11,	On AUTOPSY?	IN CER		SES OF DEATH?
VITAL	OD COMMENSURANCE	NDERLYING 216. TIME HOUR A	OF INJURY A.M. MONTH DA		21c HOW INJURY	412	(ENTER NATURE OF		YES	NO []
IVISION OF V. B. PHYSICIAI attending ph. Iter this certiful stee buriol-it is the buriol-it and Mental inked or Item.	21d INJURY OCCU	RRED 21e PLACE	OF INJURY TREET, FACTORY OFFICE, F		211 LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
ATTENDIN ospital or ECTOR. At d for use a t at Health m 21 is ma	saw the deced	(did) (did nat) view the bod	3 19	36. one	that in (my) (aur)	9 83. ) apinion death	to U ic.	he date and h	19 86	he causes stated
He of he	276. SIGNATURE	NAME [IVE OR PRINT]	5		ATTEN PHYS 22e ADDRESS		EDICAL RECTOR PH	STAFF YSICIAN [	In DA	Ly 15 86
TO HOSPITAL retained by the TO FUNERAL I Should be detained the State I with the State I IMPORTANT. II	IANU.		PVILLE		400 LE	215		HAVR.	E DE C	GRACE
	23a BURIAL, CREMATION				METERY OR CREM		13d LOCATION	/N	COUNTY	STATE .
BP	Burial	18 Ju	1y 86   W	hiting	Cemeter	У	Droop		Virgin	
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR		ADDRESS	Ch	h Y7.4	230 DATE REC		A A A	ISTRAR'S SIGN	andie
(VRA 15, 4)	Capitol H	Tuneral Servi	ce, Falls	Churc	n, VA	THI O	5 1986	HELDER	A 1000	•

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MARRIED   SECTION OF DEATH   11. NAME OF HOSPITAL NURSING HOME OR COTTER INSTITUTION   1126 USUAL OCCUPATION   1126 USUAL OCCU	ge 4 may	3. SE			4 RACE Whi	te	5 DATE C	of BIRTH	91		S LAST BIRTH	MO		
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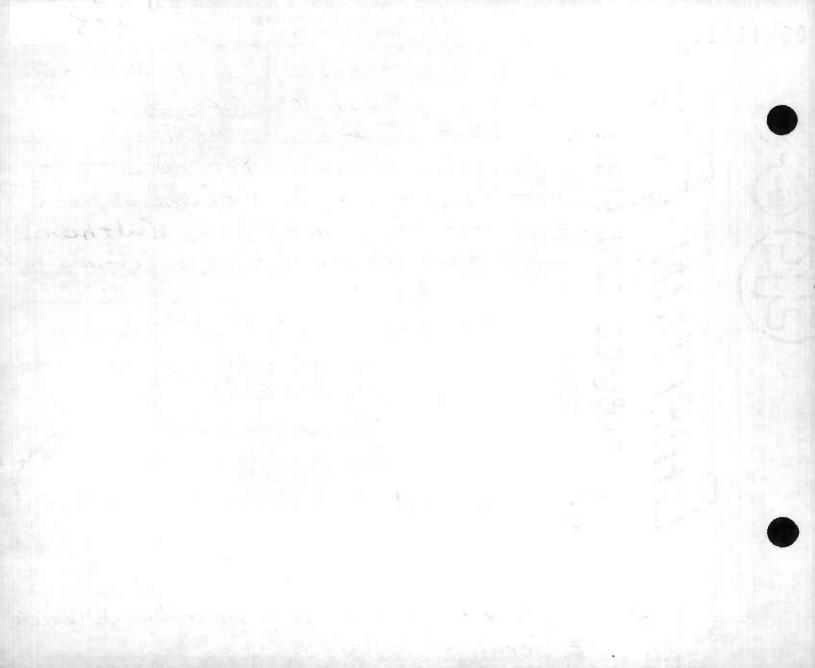
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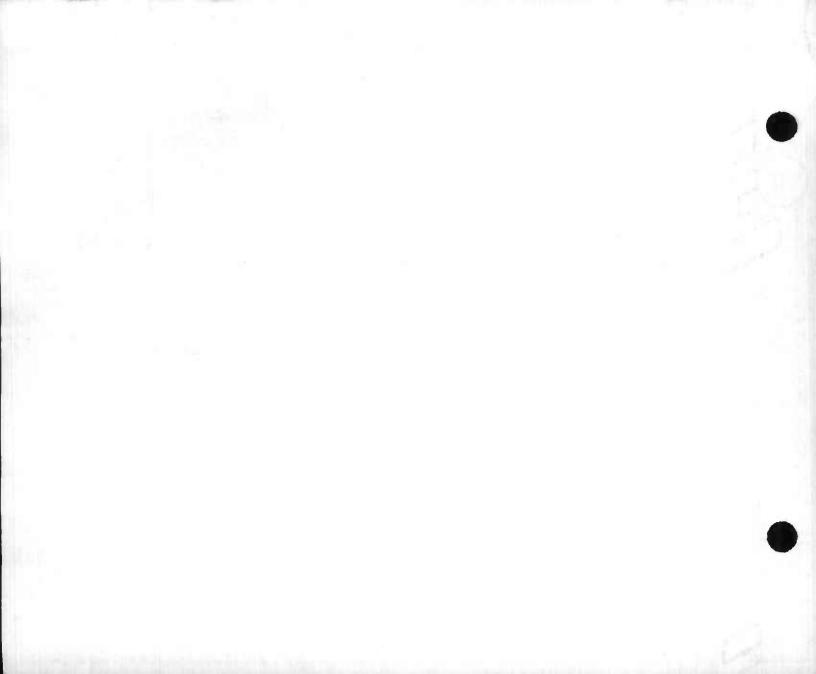
STATE OF MARYLAND

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		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
nay be page 3		John		HASKINS	7 /	12 86 4:360M
The po	3. SE	X	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	1	IRTHPLACE I STATE OR FOREIGN	Black The CITIZEN OF WHAT COUNTRY?	Feb, 1,1904	8 2 YRS	TV OF DEATH
With St	7	COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
1	19.	ITY OR OWN OF DEATH		WIDOWED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
60 1 11 1	1	-allston	FALLS TON GEN	DERAL HOSP.	TO TE	INDUSTRY
ETE BE	USU  }a	AL RESIDENCE (IF NURS) HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREET ADDRESS / ZIP COL	DE 21218
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IMOI nong	100	YES, NO OR HALLOWN) (IF YES GIV	WAR OR DATES) 212-10	-9917 Louise	Haskins	crownwoodst.
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of of sho	23a	BURIAL, CEMATION, REMOVAL	236 DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	7-18-86 (	edar Hill Cem	. Hone Arm	endel Courted.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	1412, E. 1250. DAT	REC'D. BY REGISTRARIZED REGIS	STRAR'S SIGNATURE
(VRA 15, 4)		allinD C	oruges	Freston Sk.	1004	





-11481	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. N	86	20457
y be			therine" HERINE	Augus	ta	Hein HEIN	20. DATE OF DEATH	MONTH D	VY YEAR 76. HOUR 6 0915 A M
Poge 4 may	2-118	Female	4 RACE White		5. DATE O		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR IF UNDER 74 HRS DNIHS DAYS HOURS MIN.
Geoth. P	De	RTHPLACE (STATE OR EOREIGN COUNTRY) CTOOLT, Michigan			WIDOWE		9 BALTIMORE CITY OF	0	DF DEATH MD.
1201 Surs ofter in by	P	ALLSTON  ALRESIDENCE (IF NURSING HOME OF	FALL:	STON DE	DDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOUSEWILE	F WORKING HEET	17b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 höurs impletely filled in by and 2 should be fill edomine mas bear	Ma Ma	STATE LTYLAND  ATHER'S NAME		13c. CILY OR TOWN Edgewoo		13d. INSIDE CITY LIMITS?  YES NO M	3 Edgewood	ZIP CODE Road	21040
complete	14. 77	Sealy	MIDDLE	Leach		Lena	WIDDLE		Byers
BALTIMORE, cate be execut opers. Pages 1 vol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECUI 217-46-1		Henry R. Heir	ADDRE	Md. 21 allsto	n Road, Fallston
W. PRESTON ST.,  the death certific y the attending ph se remove corbane, cremation, or remo		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	Resp NCE OF	mestrey Arn Tongenie Con Arkey Te	est Ediomyopa Disease	thy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires the requires the signed be orto buriol, y injury, or o	NOI	PART 2 OTHER SIGNIFICANT	exal Fo	reluce			INAL DISEASE OR CON	DITION GIVE	N IN PART 110
The law r	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES	
PHYSICIAN: Thending physiciaths certificate to buriol-transition did mental Hygin don't term 18 should any term 18 should be s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2}
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician After this certificate has been sign as the burial-transit permit. Then lith and Mental Hygiane prior to b iorked or Item 18 shows any injury	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY ET, EACTORY, OFFICE, EA	RM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
ATTENDI ispital or CTOR: A I for use n 21 is ma		22a.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did no		10		nd that in (my) (aur) apinion (	, to death occurred on the de	ate and haur	( ()
the hor to DIRE		The signature Laye		como			MEDICAL STAI DIRECTOR PHYSIC		22c. DATE SIGNED
HOSPITA ouned by D FUNERA hould be de (th the Stot PORTANT		22d. HYSICIAN'S NAME TYPE OF	LAW	is mo	).	27e. ADDRESS			

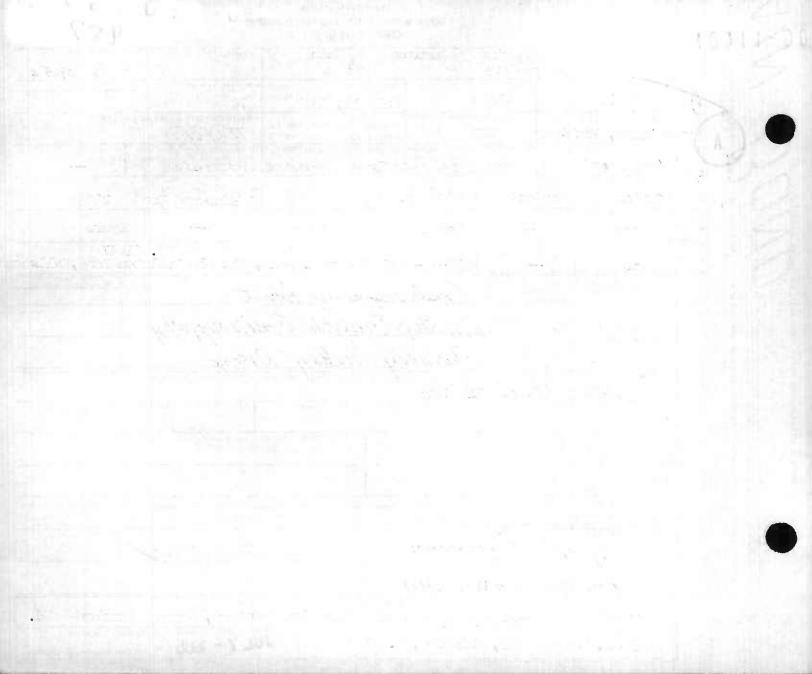
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230 BURIAL, CREMATION, REMOVAL Burial 23b. DATE July 7,1986 24 FUNERAL DIRECTOR

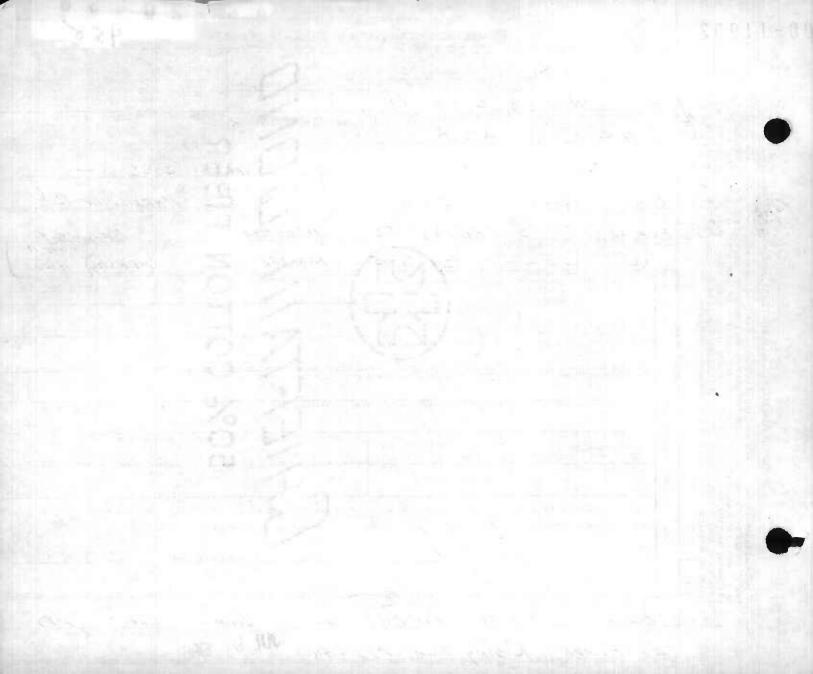
Mountain Christian Cemetery, Joppa

Harford Md.

Howard K. McComas III, Abingdon, Md. 21009



0 - 1	1902	1-	FOR STATE REGISTRAR	MED	EPARTMENT OF	HEALTH		DYGIENE OF DEATH	80	204	158
			CEASED NAME FIRST		MIDDLE	L	AST		TE KNOWN	X MONTH	DAY YEAR 26 HOUR
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. LED. WITHIN 72 HOURS JI W. PRESTON STREET,	1	Frank	lin	D.	Her	nsley, Jr	DE	ATH MATED	□ 7/ :	3/ 19 86
	STREET STREET	3/5E	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS   IF UNE	DER TYR. IF UNDE	R 24 HRS 2c. D	ATE OUNCED	MONTH	DAY YEAR 24 HOUR
	ON ON		n W	8 2	68 17 Y	RS.	DATS HOURS	MIN PROIN	EAD	7/ :	3/ 19 86 P M
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	一 とこう 三 ス/ 。 / パ	ID. C		11. NAME OF HOSP	ITAL, NURSING HOMI	E, OR OTHE	R INSTITUTION		CUPATION (T	YPE OF WORK	OR INDUSTRY
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0	ANY DELA AND 3 TO 1 SHOULD BE FILL FEORES	the S	TATE UN	TY	131. CITY OR TOWN		3d INSIDE CITY LIMITS?	13e STREET AC	DRESS	70751111	21847
	1400 N 4 .	14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		7.5
2	A SA SA	E	ZMKKENI	D HEI	USIES SE		mant	HA	MIDDLE	HE	NS/E-6.
IW	PA SOR	16a \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		7. INFORMANT		ADDRES	SS	(SAME AS)
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1	DUR 18. O		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly one cause per line f	ar (a), (b), and (c).)			ELL (CT)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	EXECUTED WITHING. IN PENCIL IN PENCIL IN PLANT IN PLANT A BURIAL - TRANS H AND MENTAL HAND MENTAL HEMATION, OR REM		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBITING TO DEATH BE	IT NOT SELATED TO THE TESM	UNAL DISEASE	AR COMPLYION CHIEF IN I				
RECORDS	ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH.  ATE, WRITING THE WORD "PENDING" IN PRINCIL IN ITEM 18. GIVE PAGES I, CORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM.  R: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND IS A STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION ON WITH IN 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	Z		CONTRIBUTION TO BEATH BE	IN HOT RECALED TO THE TERM	IINAL DISEASE L	JK CUMUITION GIVEN IN P	AKI I ia			
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۵	WRI WARE WARE ATE	1	AT WORK AT WORK	P	padway	Rt.	_	Aberdee		COUNT	Y STATE
	NER: 1 CATE, FORV FORV IN E ST		22a. I certify that I took charge	e of the remains descr	ibed obove, held an	Autapsy	X, Inspection	on , Ings	iry 🗆 .	ind in my opinie	on
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-	MAR WAR		ACTUAL	VI			TITLE (SPECIFY)				
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07/84		(5	BusiAl :	7-9-86	WEST NOT	AETEK OR	CKEMATORY	ZIL LOCATIO		COUNTY	STATE
25M	BP	24. FL	INERAL DIRECTOR		1007, 1101	1/19/1	250. DAJE	CO/OLA REC'D BY REGIS		SISTRAR'S SIGN	NATURE
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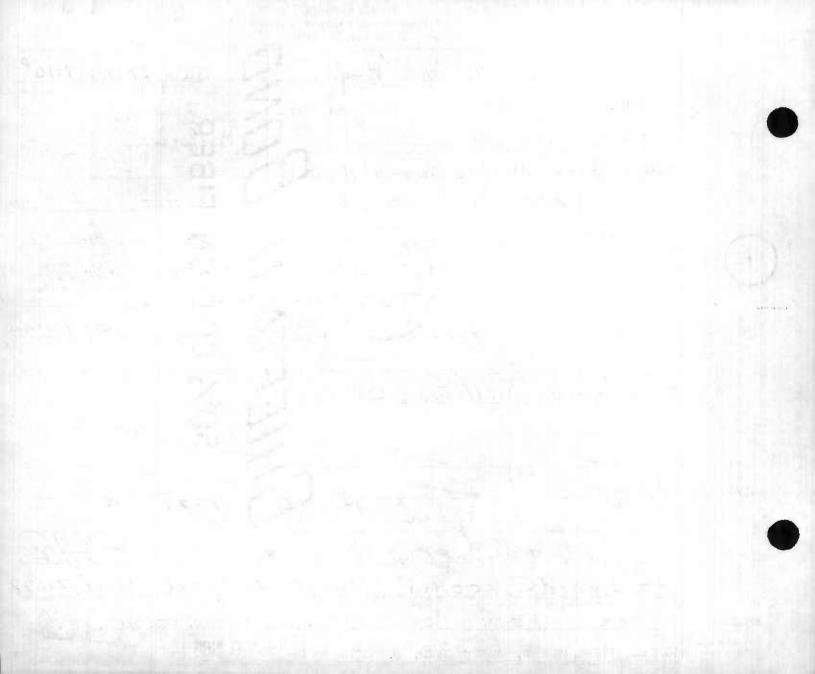
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			CEASED NAME PE OR PRINT)	FIRST A	PV	MIDDLE	1	LIRR	8 0	OF EST		15	PAR 26 HOUR
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	STAN STAN	10 C	ITY OR TOWN OF DEA		11 NAME OF HO	SPITAL, NURSING HO	ME, OR OTH	ER INSTITUTION		JAL OCCUPATIO		126 KIND (	OF BUSINESS
	ALCOURT 2		Fallston		(IF NOT IN SUCH	STON G	ENE	RAL	FOR	Retired	FE)	OR INC	DUSTRY
5	2000		AL RESIDENCE (IF IN NU	RSING HOME OF		13c. CITY OR TOWN		13d. INSIDE CITY LIMI	1124 STD	EET ADDRESS		211	141
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WD.	Too had	14. F	ATHER'S NAME	1101				15 MOTHER'S M					
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BALTIMORE	A A A A A A A A A A A A A A A A A A A	16a	Robert WAS DECEASED EVER	IN U.S. ARM	AED FORCES?	16b. SOCIAL SECU	RITY NO.	17 NFORMANT Helen	una	ADI	DRESS		
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<b>*</b>		H		1941-1		1405-18-4	911	HIDDS/	4/4 be	dgemore	v. v. e. ag	_	XMATE INTERVAL
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	CATE, PORV		220. I certify that	I took charge	e of the remains d	escribed abave, held ar	Autop	sy , Inspe	ection .	Inquiry .	ond in my	opinion	
	AND THE	13	death resulted from	: Noture	al causes	Accident .	Suicide	, Homicide	. Undet	ermined monner	Π.		1
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR, P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.1	BURIAL, CREMATION,	EMOVAL 23	3b DATE	23c. NAME OF	CEMETERY O	R CREMATORY	/ the co	CATION			
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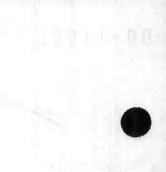
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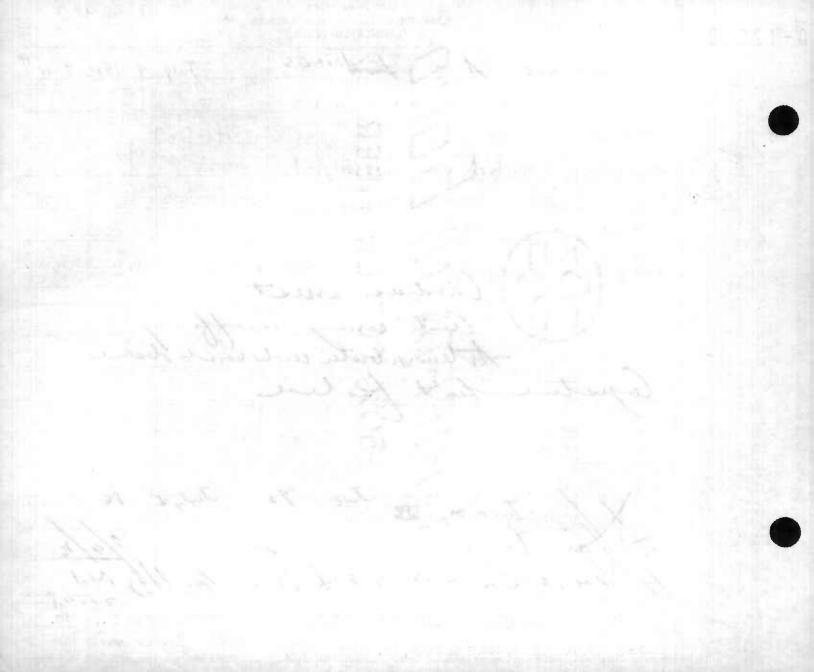
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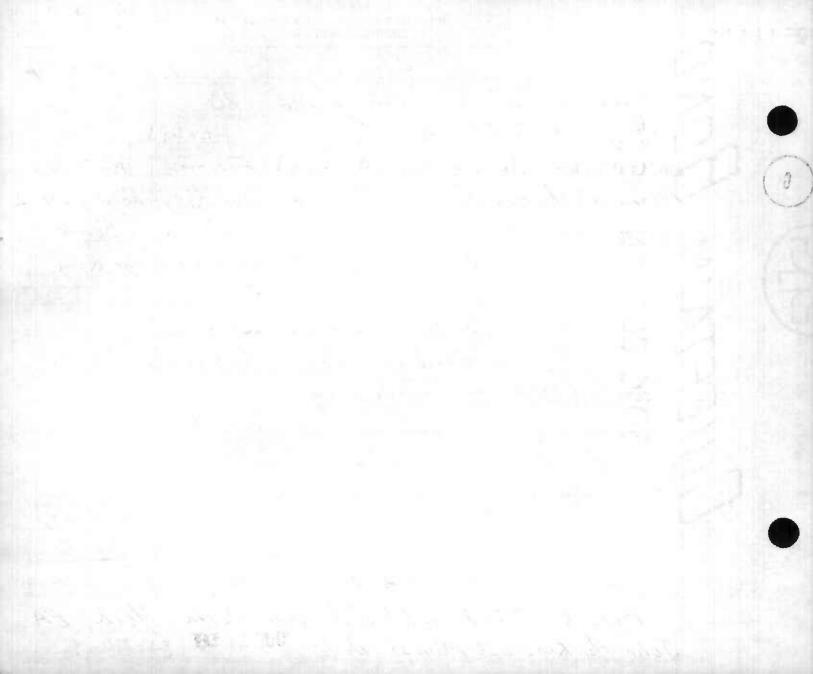
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# 100 2 3 3		VAS DECEASED EVER I				7 7	ADDRE:		21128
泉 川野 産計 10人		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:	215-21	+-2123	TAVINING	P. Johnson	-9700 GROS	K Rel
THE STATE OF	H	IA CAUSE OF DEATH	l Enter only ane cause	per line far (a), (b), ar	nd Ichil				DXIMATE INTERVAL N ONSET AND DEATH
Physical Phy		PART I. DEATH WA	AS CAUSED BY:		Respirat	AVU OTWO	+ Post C	PR	
Z E GOOD								112	
On, on one		Conditions, if any,		), OR AS A CONSEQU	Arterios	derotic	Dement	K	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gave rise to imm cause (a), stating	ediote						
× 10 6 5 5		underlying cause	last.	), or as a conseou	He now t	eus i'en			
20 # # 20 P		PART 2 OTHER SIGN	FICANT CONDITIONS	S CONTRIBUTING TO			INAL DISEASE OR COND	ITION GIVEN IN PART 1	lia
Part of the state	Z		Arth	ritei - Ir	rou delic	١.	empa.		
0 0 0 0 0	15	190 DATE OF OPERAT	10N 19b CO	NDITION FOR WHICH	OPERATION WAS P	ERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
he lo	CERTIFICATION						YES NOSK	IN CERTIFYING CAUSE YES	NO
DIVISION OF VITAL RECORD  NG PHYSICIAN. The low responsible that certificate has been as the burial-transit permet. The hand Mental Hygiene prierre. The hand Mental Hygiene prierre orked or frem 18 shows ony into	CER	210. ACCIDENT WAS UND		E OF INJURY	21c. HO	W INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
NOF	AL	OR CONTRIBUTING C	AUSE OF DEATH	A.M. MONTH D	AY YEAR				
PHYSIC ending in this cert her burial ad Mented or then	MEDICAL	21d INJURY OCCURR	ED 21e. PLA	CE OF INJURY	211. LOC	CATION	CITY OR TOV	vn COUNTY	STATE
DIVISI DING PI DING PI After the se as the alth and morked	X	WHILE NOT WHI	1 33	E, STREET, FACTORY, OFFICE.	FARM, ETC )	Since	CHYOKIO		STATE
			(this hospital) attended	d the deceased fram.	7.	9 19 86	to	13/1986	, that (I) We lost
ATTEND sspirol or scrook. A for use of for use of Heal or 1 is m		saw the decease above, (1) (d		ady after death.	, and that in	(aur) apinian (	death accurred an the da	te and have and from the	e causes stated
~ £ 0 0 0 0		226. SIGNATURE	Id) New the bi	ady differ death.	DEGREE			22c. DAT	E SIGNED
TAL OF		7	- Mrovs	lede	MD.	ATTENDING PHYSICIAN	MEDICAL STAF	IAND 7	13/86
P O m o o A	1	224 PHYSICIAN'S NA	ME (TYPE OF MINT)		22e AD				
HOS Poined Poine		D. 1	PiRour	11011	2	112 Bel	Air Ka	FALLSTON	, Md 21047.
0 5 0 6 × ×	23a	BURIAL, CREMATION,	REMOVAL 23b. DATE	1 230	NAME OF CEMETERY		23d LOCATION		
BP		SPECIFY PUPIA	7/17	1/80 A	ships (1	MA	CITY OR TOWN	ADAL COUNTY	STATE
	24. F	UNERAL DIRECTOR		70% 177	Juny WI	25a. DATI	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNA	TWRE
DHMH - 16 50M 4/83 (VRA 15, 4)	16	ILLUAM C.	BROWN CON	4M. F/H /2	06-08 W.NO	wat JU	L 1 8 1986	pura verrason-	1
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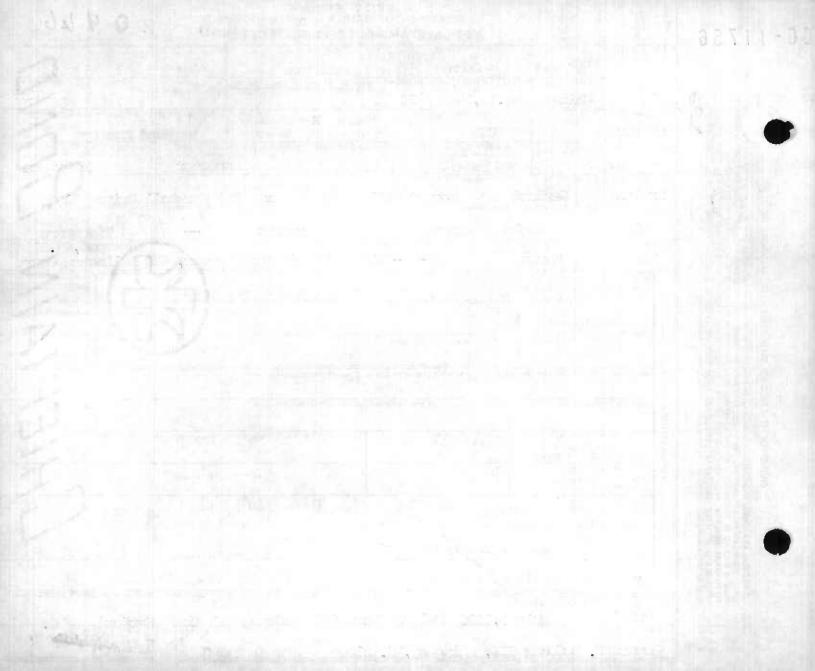




= 14442	1.	FOR STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0 4 6 5
a non		Benjar	MIDDLE G,	Tones	2a. DATE OF DEATH MONTH	23 86 12:30 pm
oge 4 mo	1.58	Male	White	5. DATE OF BIRTH  MONTH DAY  JAN 31 /90		IF UNDER 1 YEAR IF UNDER 24 HRS
A TITLE OF THE PERSON NAMED IN COLUMN NAMED IN		Maryland	United Star	MARRIED MEVER MARRIED WIDOWED DIVORCED	- HArford	MD.
1 100	L	ure de GRACE	CIF HOT IN SUCH FACILITY, GIVE	Memorial Hospit	TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 12b. KIND OF BUSINESS OR INDOTRY.
リ 35	17	aryland Ha	THER INSTITUTION, GIVE RESIDENCE ITY	ville YES NO	1244 Kidge	OE Road /21132
omplered on 2	0	Benjamin		15 MOTHER'S MAIDE  15 MOTHER'S MAIDE  16 FIRST  17 FIRST	Rebecca	Beale
be execu-	16e. 1	PAS DECEASED EVER IN U.S. AR	MED FORCES?	10-8879 Alice M.	Jones 1244 K	ridge Road
or the depth certification by the ottending physics with the carbon place cremotion. Or removal other traumatic event, it	100	RARTI DEATH WAS CAUSE MANAEDIAT  Conditions, if any, which gave rise to immediate couse to labing the architying cours lost.	by one cause per lipe for (a), (b) BY: E CAUSE (a)  DUE TO, OR AS A CON  DUE TO, OR AS A CON	desce arre	ensation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed the prior to buried to b	CATION	PARTZ. OTHER SIGNIFICANT OF	seular	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION  206 AUTOPSY? 206. IF	YES, WERE FINDINGS USED
AN The lo physicion Nicote hos from per from per di frojene g	L CERTIFICATION	The accessions of Cause of Dia		H DAY YEAR 21c. HOW INJURY OF	YES NO NO IN CEL	RTIFYING CAUSES OF DEATH? YES NO 18 PART ( OR PART 2)
VG PHYSEC attending for this cer is the bursa is and Ment riked or then	MEDICAL	(# STHER, NOTIFY MEDICAL EXAMINER  114. INJURY OCCURRED  WHILE AT WORK  AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
At Of ATTENDRY the hospital or		220. Nertify that (1) (this haspi in the deceased alive an above (1) (we) Jaid (did no 1711 St. (4) AT 1913	nal) attended the deceased of the province the body after death.	DEGREE	no ninian death accurred an the date and NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	, 19 , that (I) (we) last have and from the course stated
O HOSFIT retained by TO FUNER TO FUNER	5	HATIN KIS	WA MID,	3,9 So. lleion	am Harrede,	Dec md 21.78
BP		URIAL, CREMATION, REMOVAL	7-24-86		m. Delfa	York PA
DHMH - 16 60M 7/84 (VRA 15, 4)	Z	ohn Harkin	15 600 Ma	rin St. Delta	JUL 2 8 DES 256 RE	SISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN TYPE OR PRINTS ESTI-Albert: John DEATH MATED Kunmann 6 1986 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR A AGE UN YEARS IF LINDER 24 HRS DATE 2d HOUR 2:35 M PRONOUNCED Male White Aug. 10, 1929 56 DEAD 1986 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED New York USA WIDOWED Harford County IO CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Inspector Fallston General Hospital Fallston Insurance SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Harford Forest Hill 221 Marshall Drive NOX 21050 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Adolph Kunmann Margaret Tiedemann 17 INFORMANT ADDRES Edgewood, Md. 21040 16b SOCIAL SECURITY NO YES NO OR UNKNOWN Korea 066-22-5373 Claudia Luxenberger, 620 Arlington Court 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? STATE DEPARTMENT OF HE 20 AUTOPSY? YES Y NO [ BE 210 EXTERNAL CAUSE WAS 215 TIME OF INTURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, NAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STIP. X 220 I certify that I took charge of the remains described above, held an and in my apinian Natural causes X death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7/7/86 William M. Zane, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236, OATE 23d. LOCATION STATE Burial Bel Air Memorial Gardens 07/84 Bel 25M 24 FUNERAL DIRECTOR **DHMH - 17** The Davidson Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled withing? Hours after death with the State Dept. of Health and Mental Hygane prior to burial, cremation, or removal.	MACKIANI: IT IEM 21 IS MOCKED OF THEM 20 STOCKS ON INJURY, OF OTHER FEDUMENT OF MEDICINE AND THE HOST OF HOLDING	
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKITI	ICAIE OF DEATH		REG. NO	0.			
	CEASED NAME OR PRINT)	HUGH	JOSE	PH	LAIR	D .	JUL.		MONTH	DAY YEAR	Zb. HOUR  A M	
l. SEX	Male		4 RACE Whit	e	5. DATE C	DAY YEAR	6. AGE (INY		YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
Maryland			76. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Har	BALTIMORE CITY OR COUNTY OF DEATH Harford County MD.				
Fallston			11. NAME OF HOSPITAL, NURSING HOL 2304 Watervale Roa OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS			PROTHER INSTITUTION	(TYPE OF WOR	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Famer			126. KIND OF BUSINESS OR INDUSTRY  Dairy	
130. S 1ar	yland	13b COU		13c. CITY OR TOWN	N	134 INSIDE CITY LIMITS	2304	Wates Wates	cvale	Road	21047	
Hugh McDon				nald Laird		Mae	NAME	WIDDLE		Famous		
6a W	VAS DECEASED E	EVER IN U.S. AF		219-36-01		Susan S. H	less, PO	Box 1			n,Md.	
	PART I. DEA	TH WAS CAUSI IMMEDIA ony, which	EĎ BY. TE CAUSE (a)	AS A CONSEQUE	NOE OF	e hou	FR	ille	u	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
MEDICAL CERTIFICATION	couse (a), stating the underlying cause last.  Due to, or as a consequence of the conditions of the conditions of the condition of the conditi								EN IN PART III	0		
	19a. DATE OF OF	PERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	IN CERTIFYII			WERE FINDINGS USED ING CAUSES OF DEATH?	
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 21d. INJURY OC	CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	Y YEAR	211 LOCATION	URRED (ENTER NA					
	WHILE NOT WHILE AT WORK AT WORK (1) (this hospital) attended the deceased fram (19.85), to 10.27, 19									tho (I) (we) lost		
	sow the eccessed olive on the date and hour of obota (lylive) (did (did not) view the body after death.  DEGREE  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN							224. DATE				
	HOLAL CREAT	art A	n. Din	CAN N	a	120 ADDRESS	0 1	12		Bel	A18 210	

DHMH - 16 50M 4/B2 (VRA 15, 4)

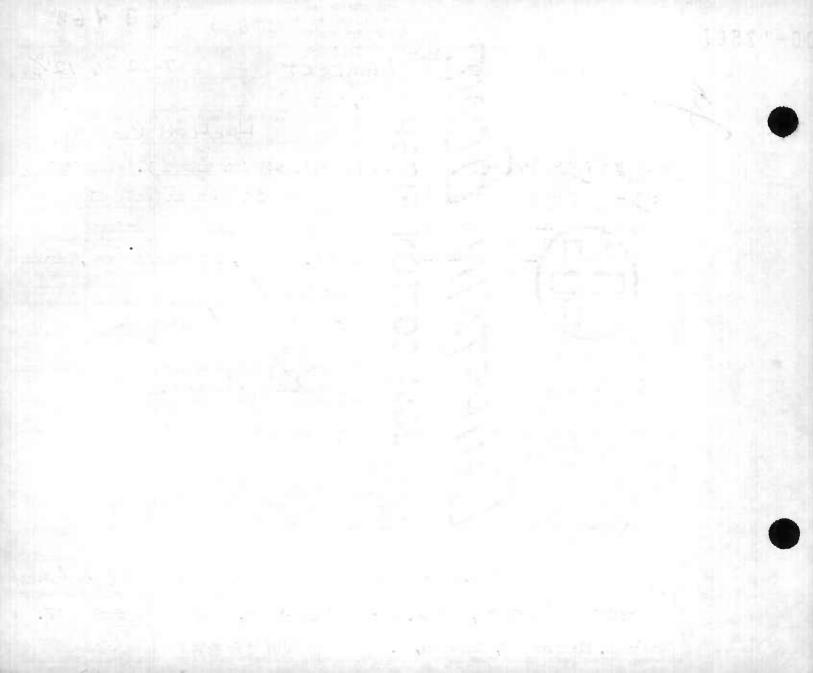
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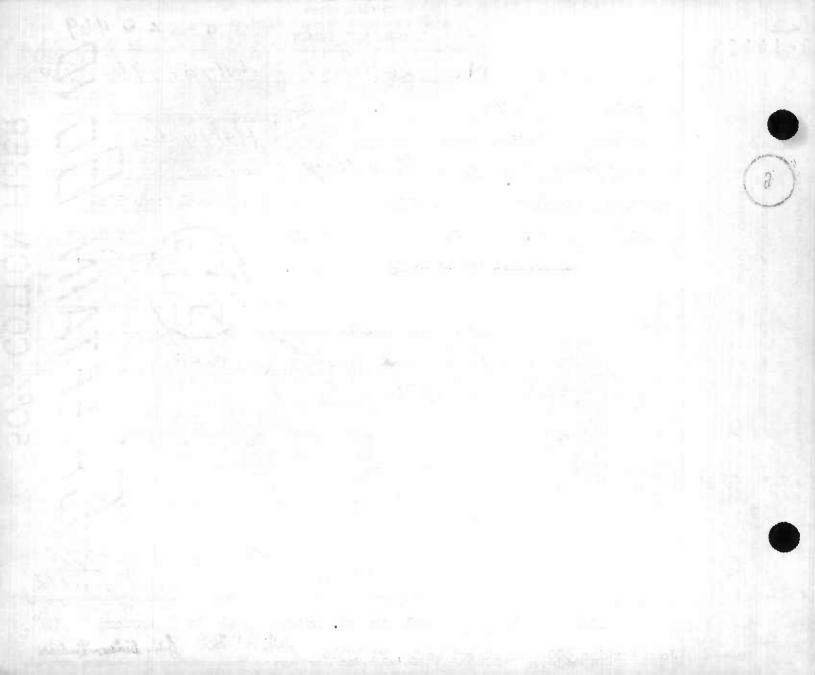
Burial
24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

STATE Md.

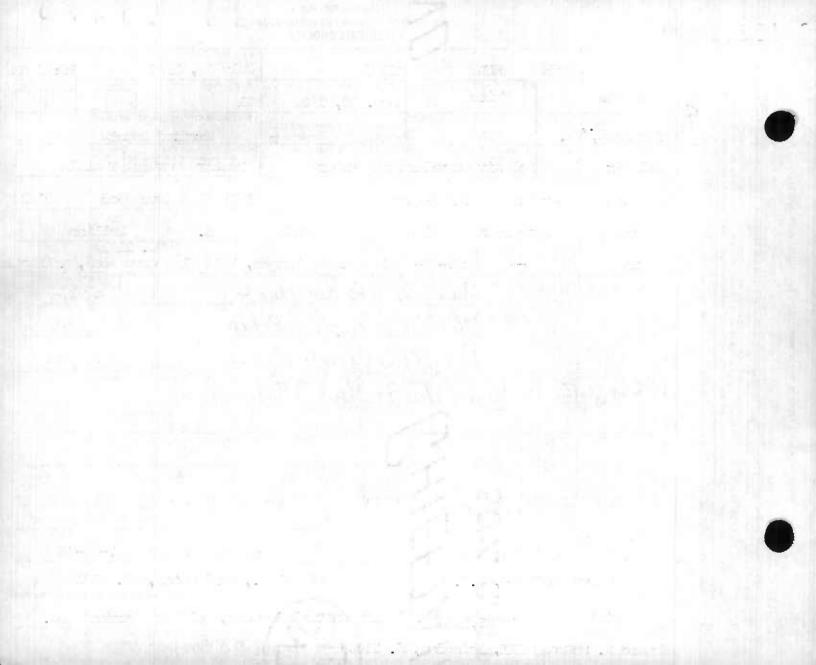
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1 74		CA PRINTY	Tive	, 1	N.	Lec	Hor	d	20. DATE OF DEATH	14 19	86	2b. HOURS
free d	1. SE			4 RACE		5 DATE (		YEAR	6. AGE (IN YEARS LAST BIR	_	FUNDER I YEAR	IF UNDER 24 HRS
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1 11 26		Maryland	OHAS	United		MARRIE	D NEVER	MARRIED	HArfor		DEATH	MD.
16	1/2	WEODE OF	m m	11. NAME OF		URSING, HQME	OR OTHER INS	TITUTION	12a USUAL OCCUPATION OF HOME OF WORK FOR MOST OF HOME MAKER		INDUSTRY	OF BUSINESS OR Home
(6)	13a S	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSULUTION			13d INSIDE C	LITY LIMITS?		ZIP CODE		TIONIC
0 02		ryland	Harf	ord	Churc	hville	YES _	NO 🔀	3409 Level	. Road/	21028	
11/20	1	Ralph		B.	Jon			erst arrie	MIDDLE		Torb	ert
More Property		NO OF UNIVERSELY EVER		MED FORCES? I WAR OR DATEN		SECURITY NO. 4-5015	Frank	ey W. I	Ledford 3409	Churc Level	hvill Road	e, MD
icote i licote i paperi and the		18 CAUSE OF DEATH	AS CAUSE	D BY	6.	dia r	. 0	1101	<b>X</b>		APPRO) BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ding p gribon or rem			IMMEDIAT	E CAUSE (o)		FOUENCE OF		vice		1.7		
dearl dearl dear dear dear dear	8	Conditions, if any,		(b)_(	Cen	te c	eron	ary	cusing	Hice	ene	4
Tw. Pi		cause (a), statin underlying cause	g the	DUE TO O		TEQUENCE OF	lera	tie	curdio	iesu	len	diserse
DS, 20 Resident Theople Theopl	NO	PART Z OFFER SIGN	I IFICANT C	ONDITIONS C	ONTRIBUTING	leters	NOT RELATED	TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1	10
The state of the s	CERTIFICATION	196 DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
MAN III	1000	21e. ACCIDENT WAS UND	- None			DAY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTER NATURE OF INJU			
ON O	MEDICAL	STA INJURY OCCURS	manufacture and the second	21e PLACE	M. OF INJURY	19	211 LOCATE				7.50	
With the stand	W	THE D SOLVE	40	(AT HOME ST	REET, FACTORY, O	FFICE, FARM, ETC )	STREE	01	CITY OR TO	wn	COUNTY	STATE
COR A Heady	à	220 I conify that (1)				N - 1	97	1900	death occurred on the de	, 11		that (I) (we) lost
A STATE OF THE STA		obayo ilik decease obayo ilik sori c 1711 SICMATURI	fid)_(did na	1) view the body	after death.	, 0	DEGREE	, (our, opinion	dean occurred on me di	are ond noor	224 DATE	
ZAL Di deriori	1	X7/10	me	Dan		1.			DIRECTOR PHYSIC	IAN 🗆	159	4/26
O FUNE Sould be	7	12d. BringCLAN'S NA	1 -	VA M.	0.	3195	Po Co	hion	ane Ha	me à	& Fre	uMd.
51 52134		URIAL, CREMATION,	REMOVAL			23c NAME OF C			23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	74. Ft	Buria ENERAL DIRECTOR	1	7/28/8	16	Bel Air	Mem.	Gardens 250 en 41		Har 256 REGISTR	ford	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		hn Harkins	600	Main St	reet D	elta, P	17314	JU	L 28 1980			Rudales



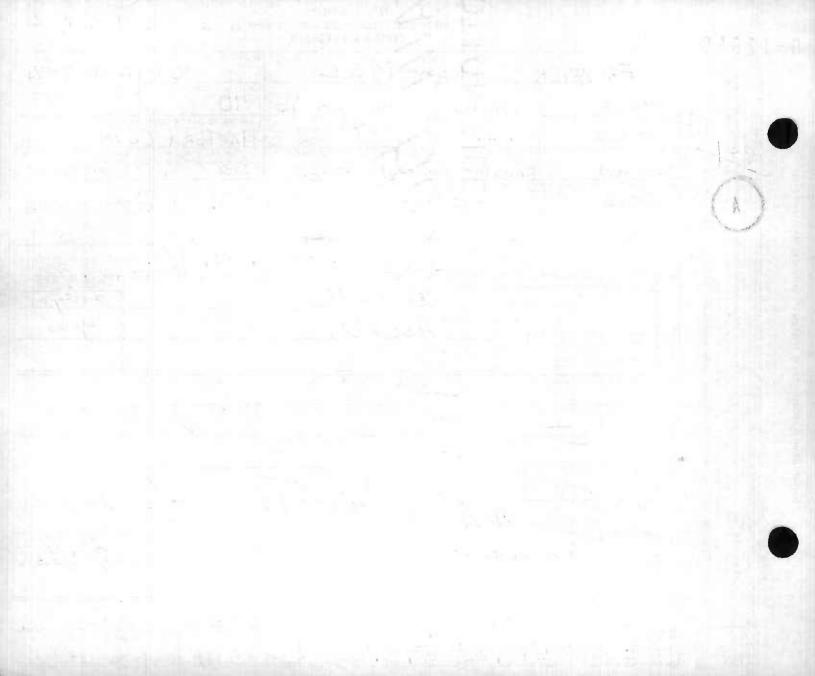
Bres 4		Company of the Compan			STATE OF MARYLAND	6	6 2	0 4	7 0
3262	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEAT		REG. NO.		
	1. DE	CEASED NAME FIRST		MIDDLE	LAST	2e. DATE		DAY YEAR	26. HOUR
page 3	(TYPI	MATTIE	ELI	EN	MILLER	July	22, 1986		10:25 A
bo e d	3. SE		4. RACE		5. DATE OF BIRTH		N YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
rs off		Female	Whit	e	Nov. 28, 1904	81	YRS.	MONTHS DAYS	HOURS MIN.
Tes Post	7a. B	RTHPLACE CSTATE OR FOREIGN COUNTRY) CO. Va.	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRI	ED 9 BALTIM	ORE CITY OR COUNTY		
In The	Di	ckenson, Va.	USA		WIDOWED DIVORCE	ED 😿	Harford Co		M
396	1	el Air	Bel Air	HOSPITAL, NURSING FACILITY, GIVE STREET CONVALES	IG HOME OR OTHER INSTITUTION ADDRESS) SCENT CENTER	(TYPE OF W	OCCUPATION ORK FOR MOST OF WORKING LIFE COTY WORKING LIFE	E) INDUSTRY	of Business o ile
de la	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION		ADMISSION)	AITS? 113. STREE	T ADDRESS		
		ryland Har	ford	Darlingt	on YES NO	1939	Glen Cove	Road	2103
2 sh	14. F	ATHER'S NAME	44PDIE	TAST	15. MOTHER'S MAIL	DEN NAME	MIDDLE		167
and and	1	Thomas J	efferson	waller	r Fann	ie	E.	Mulli	ns
ages 1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU			ADDRESSMO.		
Pag		no		207-03-7	7704 Kermit Ol	inger, 19	39 Glen Cov		
yol.		18. CAUSE OF DEATH (Enter	only one couse pe	for (a), (b), on	dici 100 die	1. 1	TOTAL TAKEN		XIMATE INTERVAL LONSET AND DEATH
emo emo even		PART I. DEATH WAS CAUS	ATE CAUSE (o)	Jaugu	ue 17 Pet rug (	lueto		40	AVS
corbination of the			DUE TO, C	OR AS OCCUSEOUS	ENCE OF A A	1 n. 1		100	NA C
ove		Conditions, if any, which	(b)_	Turm	V Dellehitis 1	Kroes		101	DAYS
se rem cremo		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	A A CONSEQUI	ENCE OF Vanuale	disease		10	YRS
pled uriof		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELATED TO JE		ASE OR CONDITION GIV	/EN IN PART 1	10
Then to b	N O	Concestan	HT day	lus du	To Head a	tun &	Cluses		
mit.	CERTIFICATION	19a DATE OF OPERATION	196 YEONE	ITION FOR WHICH	OPERATION WAS PERFORMED	20a AL	TOPSY? 206. IF YE	S, WERE FIND	INGS USED S OF DEATH?
Pe pe s	F		A 1988			YES [		s 🔲	NO [
ronsit Hygie	J H	21a. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY		OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 F	PART ( OR PART 2)	
riol-t	S	OR CONTRIBUTING CAUSE OF D	EATH	P.M.	19				
d Me	MEDICAL	21d INJURY OCCURRED		OF INJURY	ARM ETC ) 211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
hon hon rked	2	AT WORK NOT WHILE AT WORK	,	The same of the sa		01	/	-/	
s mo		220.1 certify that (1) (this has	pital) attended t	he deceased from_	7/18 , 19.	86 , to_	1/22	19.86	, that (1) (we) I
of H 21 i		sow the deceased alive a above, (1) (we) (did) (did)	not) view the body	v ofter death.	ond that in (my) (our)	opinion death occur	rred on the date and hou	ir and from the	e couses stated
thed ept.		226 AIGNATURE ON	11 01		DEGREE			22t. DAT	ESIGNED
ERAL DI e detaci State Do ANT: If I		Dull.	Hull	in his	ATTENI PHYSIC	DING MEDICA	STAFF	7-22	-86
old be detected by the State	7	226 PHYSICIAN'S NAME TYPE			22e. ADDRESS		OF STREET	-7 040	
should be de with the Stat		Dudley Phi	llips, N	M.D.	Masonic	Bldg., Da	arlington, M	Md. 210	34
□ # 3 <b>₹</b> /	23a	BURIAL, CREMATION, REMOVA	AL 236. DATE	23c. 1	NAME OF CEMETERY OR CREMA	ATORY 23d LO	CATION		
		Burial	July 25	1986 B	el Air Memorial	Gardens	Bel Air H	larford	Md.
16 50M 4/B2	24. F	UNERAL DIRECTOR		7.700		250. DATE REC'D. B'	Y REGISTRAR 256. REGIST	TRAR'S SIGNA	TURE
A 15, 4)	Ho	ward K. McComa	s III, A	Abingdon, I	Md. 21009	JUL 23	3 1986 mark	Jawa at Jawa	



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00 -	11010		FOR STATE					MENT OF				400	)	20	4		
00-	11010		REGISTRAR					XAMIN	ER'S C	ERTIFIC	CATE OF			3. NO.			
			CEASED NAME	FIRST	ALC: Y	N	AIDDLE		6 63	LAST		20 D	ATE KNOW	N X MON	H DAY	YEAR	26 HO413
	S and a second		C ON C KITTY	Fiel	den		V		Mitc	hell		DE	OF ESTI-	7	3	1986	10am
	SEES N	J. SEX	4. R/	CE	5 DATE OF B	BIRTH		6 AGE (IN YEA	RS IF UN		IF UNDER 24	4 HRS 2c.	DATE	MONT	_	YEAR	2d. HOUR
	( S ( )		M	W		03	05	81 YR	Y) MONTH	S DAYS	Hours	MIN PRON	NOUNCED DEAD	7	2	0.0	10am
	2020	7. 01	RTHPLACE (STATE C	-	76. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR							7			IUam		
	Hansa		REIGN COUNTRY)		MARRIED X NEVER MARRIED												
	93757		Virgini	a	USA WIDOWED DIVORCED Harford											MD.	
	おお品品	20,01	TY OR TOWN OF D	EATH	11 NAME OF	IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS) Fallston General Hospital  120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE)  Miner								K 126 K1	IND OF BUS R INDUSTR	INESS	
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DIVISION	TINCERT 3 3 SF DEP	MEDICAL	214 INJURY OCCU			ACE OF		LAT HOME.		CATION		CIEV	OR TOWN		COUNTY		STATE
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	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR; WITH THE		22a I certify the			Q-				sy" .	Inspection		quiry [_],	ond in my	opinion		
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m	593529	23a. B	URIAL, CREMATION	REMOVAL 2	36 DATE		23c. N	AME OF CEA	ETERY O	RCREMATO	ORY	23d LOCATI	ON	C	YINUC	STA	TE
10/80	BP 9		Buria	1	7-6-	86	1	Jnion	Cha	pel		Del		York		PA	
75M	SHAME - 17	24 F	JNERAL DIRECTOR			DOBECC					250. DATE RE	C'D. BY REG	ISTRAR 256	REGISTRAR'	SICAT	Wiens,	1
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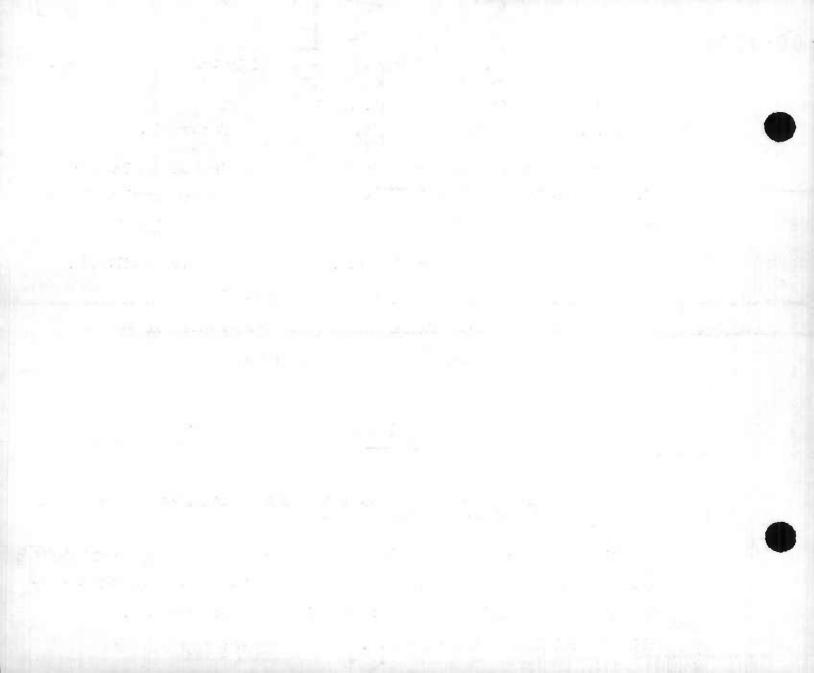
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	F	ilm G617 item 15			E OF MARYLAND		3 0 0	7 9
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e 6.4		CEASED NAME FIRST	MIDDLE	N	011	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
poge 3		FREDRICK	MEN		ULL	0.1.	-12-86	1.1444
tor, p	3. SE	X	RACE	5. DATE O	H DAY YEAR.	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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S Pod S			CITIZEN OF WHAT COUN	MARRIE	D S NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	-	Maryland	U.S.A.	WIDOWI	•	HARFORD	COUNT	Y MI
82	10 g	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, N     IN NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OF
130	16	illston	- 11 / /	eneral	Hosp.	Clerk		ufacturi
1		AL RESIDENCE LIF NURSING HOME OF COUNT			1134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE	
1 125		aryland	Balti	more	YES X NO	613 S. Robins		t 21224
10000	14)F	ATHER'S NAME	IDDLE LAS		15 MOTHER'S MAIDEN NA	ME		
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0 0		WAS DECEASED EVER IN U.S. ARA		SECURITY NO.	17 INFORMANT	ADDRESS		
Poges medico			WAR OR DATES) 212-	07-1051	Mrs. The Ima	M. Moll, 613 S	. Robinso	on Stree
Cio Cio		18. CAUSE OF DEATH (Enter only				PSTIT	more, Md	XIMATE INTERVAL
a physicion on popers. F emoval event, then		PART I. DEATH WAS CAUSED	BY:	Quest	~ M.T.		BETWEEN	COM C
00000		IMMEDIATE		4			-	13
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sign hen l o bu	Z	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	10
been rmit. I prior I	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDI	INGS LISED
	E S					INCE	RTIFYING CAUSES	S OF DEATH?
sicion in sit in	ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		216 HOW INJURY OCCUR	RED (ENTER NATURE OF MUURY IN ITEA	YES DARLI ORDARI 2)	NO 🗆
HYSICIAN: II ding physicia ding physicia sis certificate burial-transit Mental Hygi ar Hem 18 sh		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH			(CHICK HANDE OF MOOK! IN HER	TID PART I OR PART 21	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
C C - V	ME		INT HOME STREET, FACTORY C	OFFICE FARM ETC )	STREET	CITI OR TOWN	COUNTY	STATE
		AT WORK	1			/-	01	
Z - 02 5 - 2		220.1 certify that (I) (this hospite	ol) ottended the deceased t	6/	7/10 19	2_, to	19 200	that (I) (we) lo
hospit hospit RECTC hed for ept. of tem 21		saw the deceased alive on a obove, (1) (we) (did) (did not	view the body after death.			death occurred on the divisional	flour and from the	e couses stated
OR ATTE ne hospitc DiRECTO oched for Dept. of H		22b. SIGNATURE	11		DEGREE ATTENDING I	MEDICAL CTAFF	77 DATE	MIGNED
- + - + + ·		502	Coalle		PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/10	786
HOSPITAL ned by the FUNERAL uld be detected to the State ORTANT:		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS		/	1
0 0 0 0 1					100			
5 5 5 3 3 4	23a.	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Burial	7-16-86	Holy R	edeemer Cemet	ery Baltimore	Baltimo	re Md.
	24, F	UNERAL DIRECTOR			25e. DA	TE REC'D. BY REGISTRAR 25b. RE		
HMH - 16 60M 7/B4 (VRA 15, 4)	A	3021 Eastern Av	Matthews Fund	eral Hom	e <sub>2122/1</sub>	1 4 6 4000 / 0	Kanida . T	2
1 101 -1		JONE DOUGLET MY	cinc, partille	ore, na.	LILLY	D WAS THE	1 ( C) / ( C) ( C)	THE PARTY



(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME EIRST 26 HOUR LTYPE OR PRINTI C. July 15, 1986 Henry Nagel Sr. 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Male White October 18, 1910 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED COUNTRY DIVORCED WIDOWED Maryland U.S.A. Harford County D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fallston General Hospital Fallston Self-employed Auto Dealer JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2503 Thames Ct. Harford Fallston 21047 Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE MIDDLE Christian Nagel Katherina Franz **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 20-14-3930 Lillian N. Nagel - same as #13e No 18 CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION

FOR WHICH OPERATION WAS PERFORMED 196 CONDITION

200 AUTOPSY?

TO IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

211 LOCATION

COUNTY CITY OR TOWN

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 19

IC HOW INJURY OCCURRED

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

NOT WHILE

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

Dr. Miguel A. Castro

805 Fuselage Ave.

230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 7-17-86 Highview Mem. Park

STATE Harford Md.

24 FUNERAL DIRECTOR

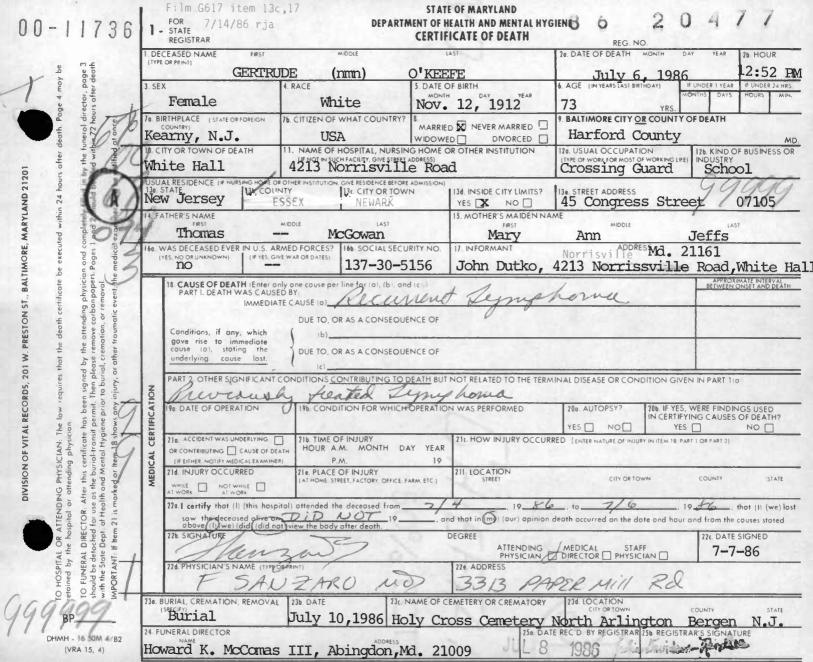
Towson Funeral Home

Towson, Md 21204

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

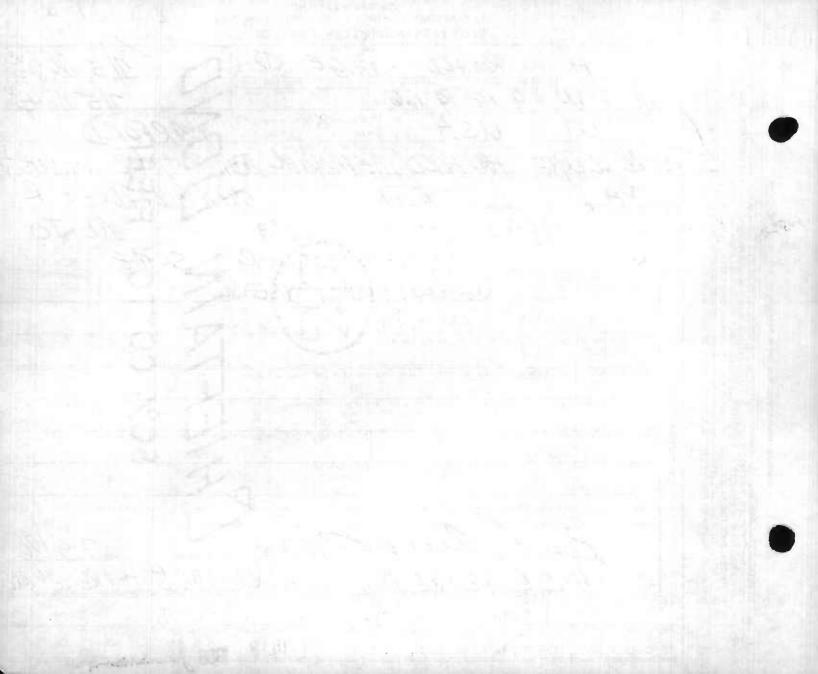
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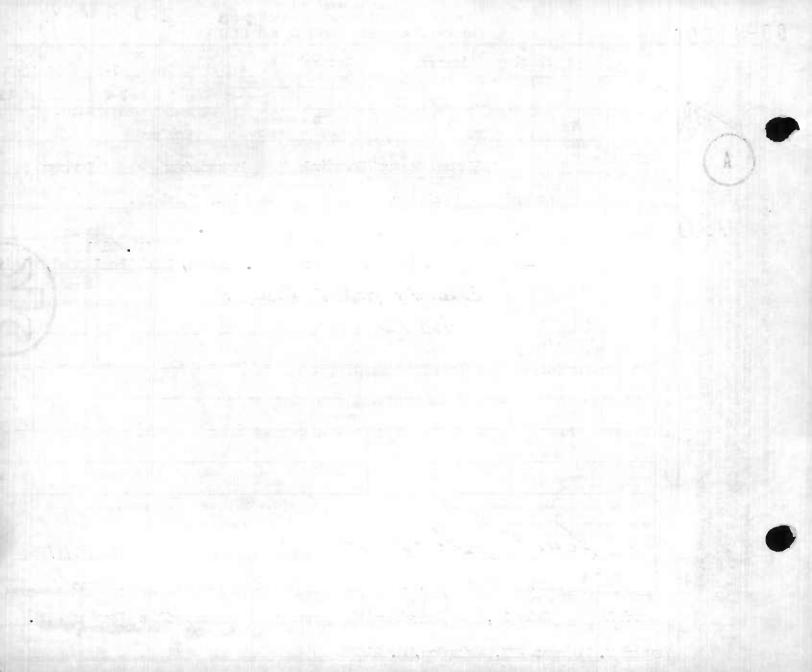




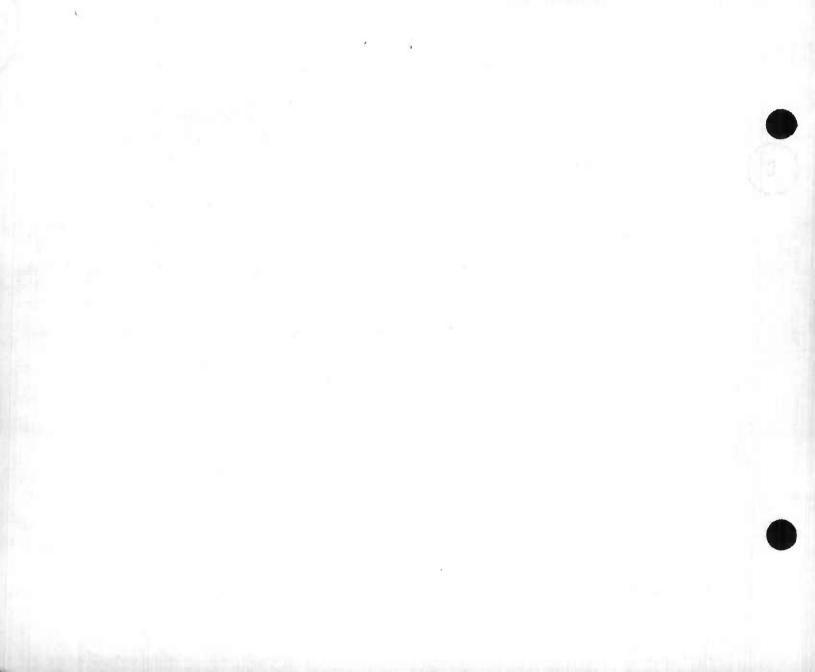
		1	STATE OF MARYLAND	18
	1000	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYBEND	
00-1	1908	1.50	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  CEASED NAME  LAST  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	-3
			e OR PRINT)	DAY YEAR Zh. HOUR
	ASE OR. URS URS		17. KONTALD FAIG UR. DEATH MATED 1	5 1986 DM
	STEERS	3. SE	4 RACE   5. DATE OF BIRTH   6 AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS   2c. DATE   MOYTH   MONTHS   DAYS   HOURS   MIN.   PRONOUNCED	DAY YEAR 128 HOUR
	ON O		11) 10 9 19 19 (06 YRS. DEAD 7/	5 186 4DM
	NECESSARY, PLEASE-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS W. PHESTON STREET.	7a B	IRTHPLACE (STATE OR ) 78. EITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTRY	POFDEATH
	NEGESSA FUNERAL 5 FOR Y 5, WITHIN W. FIEST	1	NO UST WIDOWED DIVORCED DIVORC	MD.
	CAY IS NO THE FILED, SE FI	15/2	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IT	OR INDUSTRY
	PA PA	VD	THE IE GATE TOURFORD MEMORIAL ADMINISTRATOR	UNIVERSTY
90	SCIANT STATE		A RESIDENCE IN NOT THE MASTITUTION, GIVE RESIDENCE BEFORE ADMISSION).  TATE 136 CUTY OR TOWN 138 INSIDE CITY LIMITS? 118 STREET ADDITIONS.	8 19333 0
12	A RECORDS		PA DEVON YES NO 5941 VAILEY FOR	(66 K.
100	S S S S S S S S S S S S S S S S S S S	14. F.	ATHER'S NAME FIRST  MIDDLE  MIDDLE	A CLAST -
	A S A S S S S S S S S S S S S S S S S S		H. KONAU HIGE ELLA	240
- S	HIN 24 HOURS AFTER DEATH, IN ITEM 1B. GIVE PAGES 1, 2 R ALONG WITH FORM PM 3 ASIT PERMIT. PAGES 1 AND 2 HYGIENE, DIVISION DEATH MOUVAL.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? ES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES)  16. SOCIAL SECURITY NO. 17 INFORMANY  ADDRESS  176-18-0931 FIERWIRE  SOM F	
- X	S A B B B B B B B B B B B B B B B B B B		41914 11 12 11001 21110	AS #13e
ST.	DURS 1B. G 1B. G AIT. P.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	PER VAL.		IMMEDIATE CAUSE (a) CONFIRM TENTILE DISECTOR	
PRESTON	NO AL		Canditions, if any, which	
	UTED WITHI IN PENCIL EXAMINER SIAL - TRANS O MENTAL ON, OR REA		gave rise to immediate (b) 13000	Print Print Print
2 2	A PEN		cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
, 2,		45	(c)	
DIVISION OF VITAL RECORDS, 201 W.	E TANGER	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
8	HEAL CHAIL	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TA A	SHOULD ORD "PE CHIEF A CHIEF A CHIEF A TOF HEA	TE		YES NO K
9.			216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART	
Z	CERTIFICATE TING THE WOED TO THE DEPARTMENT OFFICE TO THE	MEDICAL	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
VISI	3 SF PRI	(ED	21d INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, VIII. LOCATION  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	NTY STATE
ā	WRI WRI ARE ARE ATE	2	WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY OF TOWN	III STATE
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		224   Certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apri	nion
	AND THE TANK		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	, /
	XXAA EERTI DIED B WITH		INTLE (SPECIMY)	-1/N
	A A A COUNTY		SIGNATURE LIES C LECTURE M.D. DELLE MEDICAL EXAMINER SIGNED	115/186
	NER A SP.	}	EXAMINER'S NAME / 11: C & DEALTE M) CITIAN 2017 ( HAS	N- N-100-
	A SECOND	-	(TYPE OR PRINT) ADDRESS 46 HALL STATE	KE IL DIGIL
	PAGE EXECT PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	230.B	URIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION CHYOR TOWN COUNT	Y STATE
07/84 25M	BP		CREMATION 7 JULY 86 R. A. FERRIS AND CO. WEST CHESTER,	PA.
25M	DHMH - 17		UNERAL DIRECTOR BRINGHURST-BAIR UPPER DARBY, PA 19082	SNATURE
7799	(VI AT ME (5))	M]	TCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 JUL 9	**
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114	7a BII	RTHPLACE (STATEO	<sup>R</sup> VA	76 CITIZEN OF W	HAT COUNT	RY?	MARRIED [	NEVER MARR	IED 7 BAL	IMORE CITY O	RCOUNTY	OF DEATH	
OV				USA			IDOWED [			Harfor			MD
9374	100	Fallston	EATH	11. NAME OF HO			R OTHER INS	STITUTION	12a. USUAL OC	CUPATION (TYPE	OF WORK 12b	OR INDUSTI	
10				FA11	ston (	General	Hospit	a1	Propri	etor		Lumber	
5/	13a ST	L RESIDENCE (IF IN	NURSING HOME OR 13b. COUNT			OR TOWN	13d IN	ISIDE CITY LIMITS?	13a STREET AD	DRESS	X	1/1	14
0		MD	Harf	ord	Be1	AIr	YES	□ NO 😡	1827	Wheel R	d. (1)	101	
1X	14. FA	THER'S NAME		MIDDLE	L	AST	15 M	OTHER'S MAID		WIDDLE		LAST	
U		enry		R.		Peters		Zula	Ε.			omas	
1	16a. W	AS DECEASED EVE	(IF YES, GIVE W	ED FORCES?	16h SOC	IAL SECURITY N	O. 17. IN	FORMANT		ADDRES	d. 210	14	- 34.77
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1		18 CAUSE OF DE	ATH (Enter only	one couse per line	e for (o), (b),	ond (c).)	1	1				APPROXIMATE	FINTERVAL
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AB.		Canditions, if		(b)	ASC	LVD							
ő		couse (a) stati		DUE TO, OF	AS A CONS	SEQUENCE OF							139
	100	ly mig couse to	51.	(c)							2014		
	z	PART 2 OTNER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMINAL	DISEASE OR COM	NOITION GIVEN IN PA	ART 1 ta				
3	ATIO	19a. DATE OF OPE	RATION	196 CONDI	TION FOR W	HICH OPERATI	ON WAS PER	RFORMED?			20	0 AUTOPSY	9
1	JFHC.	Lund										YES 🗆	NO 🗆
	CERT	210 EXTERNAL CA	75	21h TIME O			21c. HOW IN	JURY OCCURRE	ED LENTER NATURE O	FINJURY IN ITEM 18 F	PART 1 OR PART 2]	153	140
		UNDERLYING CONTRIBUTING				DAY YEAR							
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	M	AT WORK AT	T WHILE	STREET, FAC	TORY, FARM, ETC	E.)	STREET		CITY OF	TOWN	COUNTY		STATE
INC. WAS DECEASED  (YES, NO, OR UNKNOW)  IB CAUSE OF PART 1 DEA  Canditions gove rise couse (c) is lying couse  PART 2 OTNER SIGN  19a. DATE OF C  UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22d. I certify			of the remains de	scribed abov	e held on	Autopsy	], Inspectio	n X, Inqu	,, ,	d in my opinio			
	death resulted fro		couses X.	Accident	Suicid		domicide .	Undetermined		o in my opinio			
		- Committee of the	//			, 301010		ILE (SPECIFY)	Ungerermined	monner [_],			
			teur	/	/el	4		Deputy	MEDICAL EX	AAAINIED	DATE SIGNED	7/8/8	86
1	15						M.D1	27.07	MEDICAL EX	AWINEK	2IGNED	,,,,,	
4		EXAMINER'S NAM	Luis	E. REni	el. M.	D	ADDRE	ess 464	Alliance	St. Hay	vreDeGr	cace.M	D
	23a.Bl	IRIAL, CREMATION				AME OF CEMET			23d. LOCATIO				
	(SF	Burial	Ju	ly 12,19	36 Tar	rettsvi	11e Ce	metery	Jarret	tsville	Harf	ord . N	Id.
		NERAL DIRECTOR	7.0	ADDRESS		V _ L		250. QA	ECT BO EGY	P 25 LANGE	WIN COM	A LA SON	
	Ho	ward K. I	AcComac			Md 21	nna			V			
		THE PARTY OF THE P	حسسم		للسرسب	grade Lib							



	1.	FOR STATE REGISTRAR		DEPARTM		MARTLAND H AND MENTAL HYG I'E OF DEATH	IENB 6	2 0	a, B U
3692		CEASED NAME FIRST	D FR	ANCIO	Pilo	Tim	20 DATE OF DEATH	MONTH DAY 7 18	YEAR 26. HOUR
E	J. SE	X	4. RACE		S. DATE OF BIRT	TH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF UNDER 24
recto urs of		Male	White		Jan.	18 - 1912	74	YRS.	
neral di in 72 hai		RTHPLACE (STATE OR FOREIGN COUNTRY) Pittsburg, Pa.	U. S. A		MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	CD C	XWTY
y the function of the function	10.C	ALLSTON	11. NAME OF HOS	SPITAL, NURSING	ADDRESS)	HER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF PUTCHASING	OF WORKING LIFE) IN	L KIND OF EUSINESS IDUSTRY
filled in by the ould be filled must be notified.	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO ryland Har	UNTY 13	ERESIDENCE BEFORE CITY OR TOWN	ADMISSION)	INSIDE CITY LIMITS?	130 STREET ADDRESS 1005 Wakel	ZIP CODE	Belair, Mo
rely 2 sh	14, F/	ATHER'S NAME FIRST Francis	WIDDIE	Pilarim	15. M	AOTHER'S MAIDEN NAM	WE		LAST
+ 0	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16	SOCIAL SECU		NEORMANT	ADDRI		rtman eodora Rd
Poges medical	N		GIVE WAR OR DATES)	169-09-	7517 M	Margaret C.	Pilarim .		. Md. 210
or the death of the attending te remove car		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	(b)	S A CONSEQUE	to	H.D			
been signed by the attermine. Then please remove prior to burial, cremation only injury, at ather traum	CATION	gove rise to immediate cause (a), stating the	DUE TO, OR A:  (c)  T CONDITIONS CON	S A CONSEQUE	ENCE OF		INAL DISEASE OR CON	20b. IF YES, WE	RE FINDINGS USED
h. Jow requires the control of been signed bermit. Then plec perior to burial we any injury, ar	RIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, OR A:  (c)  T CONDITIONS CONT	S A CONSEQUE	ENCE OF  DEATH BUT NOT  OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH!
IAN: The low requires the physicion.  Thistore has been signed Isransis permit. Then plee all Hygiene prior to burial an 18 shows any injury, or an 18 shows any injury, or	CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR A:  (c)  T CONDITIONS CON!  19b. CONDITION  21b. TIME OF INHOUR A.M.	S A CONSEQUE	ENCE OF  DEATH BUT NOT  OPERATION WA		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH!
G PHYSICIAN: The law requires the stranding physicion. The control of the stranger of the stranger of the bright ond Mental Hygiene prior to burial ked or them 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A:  (c)  T CONDITIONS CONT  19b. CONDITIO  19b. CONDITIO  21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF	S A CONSEQUE TRIBUTING TO D ON FOR WHICH NJURY MONTH DA	OPERATION WA  AY YEAR  19  216	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES  RY IN ITEM 18 PART I C	RE FINDINGS USED CAUSES OF DEATH!
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R ATTENDING PHYSICIAN: The low requires the hospital or otherding physician.  RECTOR: After this certificate has been signed the fact use as the buriol-transit permit. Then ples ept. of Health and Mental Hygiene prior to burial tem. 21 is marked or them 18 shows any injury, or them 21 is marked or them 18 shows any injury, or	A III	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAMIL 21d. INJURY OCCURRED  AT WORK NOTE AT WORK	T CONDITIONS CONTINUED TO CALL ALL PLACE OF (AT HOME, STREET, spital) attended the design of the des	S A CONSEQUE  FRIBUTING TO D  ON FOR WHICH  JURY  MONTH DA  INJURY  FACTORY, OFFICE, F/	OPERATION WA  AY YEAR  19  216.  CARM. EIC.)	HOW INJURY OCCURR  LOCATION  STREET  19  of in (my) (our) opinion of	20a AUTOPSY? YES NO CITY OR TO	20h. IF YES, WE IN CERTIFYING YES  RY IN ITEM 18 PART 1 C	RE FINDINGS USED CAUSES OF DEATH: NO DR PART 2) OUNTY STA
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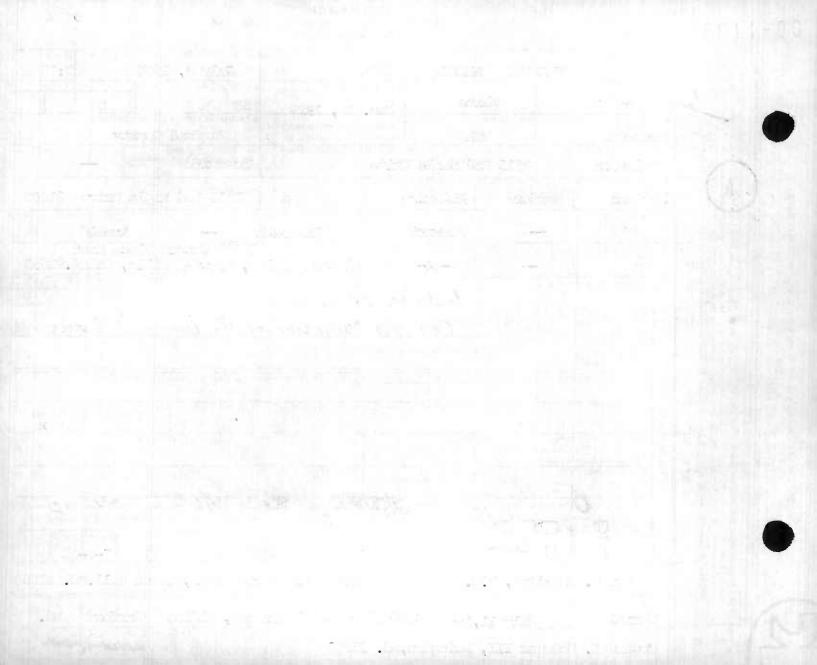


887	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MEN		ENE O O	10.	U	ŏ I		
page 3		CEASED NAME FIRST EOR PRINT) BERTHA	A	RICH	ARDSO	N .		20 DATE OF DEATH		I-86	26 MOUR A		
ector, pa		FEMALE	BLACK		5. DATE O	QAY	YEAR 77	6. AGE (IN YEARS LAST BII		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
12 B	M	RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	ι	VHAT COUNTRY?	WIDOWE		CED 🗆	HARFORD C	_				
(1120	HA	VRE DE GRACE	BREV IN	NURS ING	HOME	R OTHER INSTITU		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIF	12b KIND O INDUSTRY	F BUSINESS OR		
11035	13a :			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Havre de	N			421 S. Un		$\sim$ /	078		
1/20		ATHER'S NAME FIRST  John		hardson		15 MOTHER'S MA		E MIDDLE		LAST			
rs. Poges		No	GIVE WAR OR DATES)	220-34-	66 19	17 INFORMANT  Eugene	Richa	ardson 565		ngton A	ve		
ng physic bon pope removol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one cause per USED BY. IATE CAUSE (a)	line for lay lb), and	for	vopris	*			BETWEEN	MATE INTERVAL DISET AND DEATH		
by the ottendiose remove coroll, cremotion, or		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE									
n signed Then ple r to burio njury, or	NOI	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	INTRIBUTING TO D	EATH BUT !	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIV	EN IN PART 110			
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certificate riol-trans ental Hyg		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART I OR PART 2)			
of the burner of	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F.	ARM ETC ]	21f LOCATION STREET		CITY OF TO	)WN	COUNTY	STATE		
ECTOR. Additional or of the of		22a I certify that (I) (this has saw the deceased alive abave, (I) (we) (did) (did	on	19		d that in (my) (aur	9 ) apinian de	, to eath accurred on the d		and from the			
RAL DIRI		226 SIGNATURE  226 PHYSICIAN'S NAME (TY)	my		0	PHYS	NDING SICIAN	MEDICAL STA	FF CIAN []	22c DATE	1/8G		
to Found by Should be with the Str		MANUEL LAZ	æt in, m. b.	N,M.S. 8 LAW STREET					ET, ABERDEEN, MD.				
BP		BURIAL, CREMATION, REMOV SPECIFY) burial	7-26-8			metery or crea	ed	23d LOCATION CITY OF TOWN Havre de		COUNTY	STATE		
MH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR  rnold Beard 35	3 Fountai	n St. Hd	g. Md	•	250 DATE	RECD. BY REGISTRAR	756. REGIST	RAR'S SIGNATI	RELATI		

DATE HOST WARRENCE OF TRANSPORT OF THE TOTAL PROPERTY OF THE TOTAL AND THE STREET, capacid on street of the design of the design of

. L. . Ser . J. Charles Co. 12 . Lat.

(VRA 15, 4)



ony injury, or other troumotic event,

IMPORTANT. If Hem 21 is morked or Hem 18 shows

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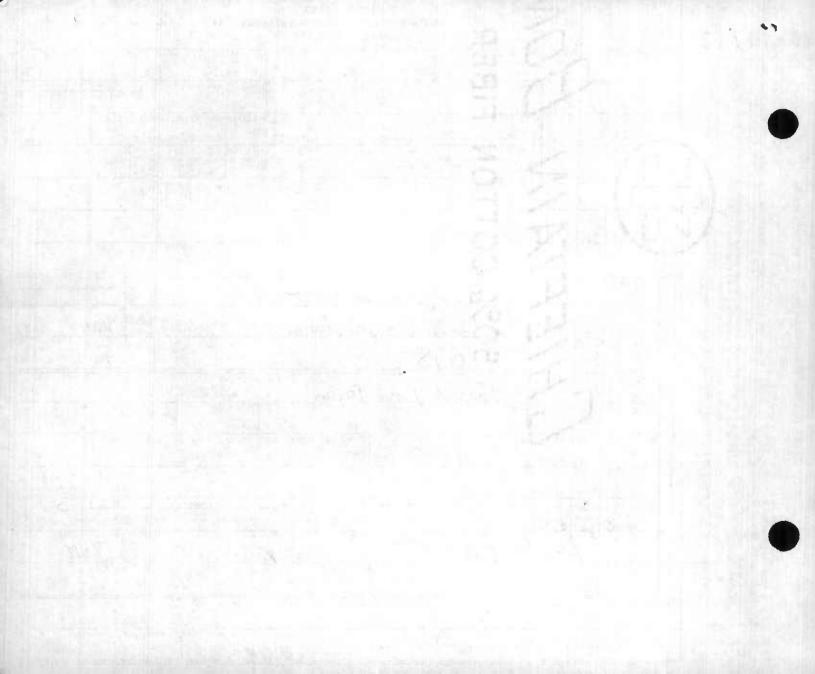
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME FIRST	1020	MIDDLE	1	AST		MONTH	DAY YEAR	2b. HOUR
( TAP	Clyde		L. Rob	erts,	Sr.	July 2,	1986	6	M
3 SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Male	Whi	te	4-1	4-1907	79	YRS	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN alto., MD	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O			MD.
В	ity or town of death  el Air	1530 C	edarwood	GHOME ( ADDRESS) Drive	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	ION	126 KIND O	F BUSINESS OR
130 :	AL RESIDENCE (IF NUR STATE MD	TIMER INSTITUTION	Baltimor	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A			1213
)	John	WIDDLE	Roberts		15 MOTHER'S MAIDEN NA FIRST Ella	MIDDLE		Val	ters
6a \	MAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 217-01-2		17 INFORMANT Elaine P. Rob	perts, 3311		awn Ave	. 21213
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI	nly one cause per ED BY TE CAUSE (a)	11.	Invone	my arrest			APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gave rise to immediate	DUE TO, O	R AS A CONSEQUE	NCE OF	ant despoise			Years	
eg Eg	couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF				year	-{
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	Morris Marie 1	DEATH BUT	Failur	AINAL DISEASE OR CON	DITION GI	IVEN IN PART TIC	
CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTI	ES, WERE FINDIN IFYING CAUSES 'ES	GS USED OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	2H LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (this hosp saw the deceased alive obave (this hosp		19		nd that in (1) (our) opinian	death occurred an the de			
	226. SIGNATURE	A. N.	um	~		MEDICAL STAI	FF CIAN [	22c DATE :	SIGNED /SG
	THE PHYSICIAN'S NAME (1)	ini)			22e ADDRESS				
1	BURIAL, CREMATION, REMOVAL SPECIFY 1	7-3-8	б	Balti		23d LOCATION CITY OF TOWN Baltin	more,	COUNTY Marylar	STATE
24_F	hnyarG. Miller,	Inc., 64	15 Belair	Rd.	, 21206 250. DA	TE REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR LIVEE OF PRINTS Virginia Grace SEWELL July 8, 1986 15:50 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR RACE 5. DATE OF BIRTH IF LUNDER 24 MRS MONTH YEAR FEMALE White October 22, 1889 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Harford County maryland WIDOWED O CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS ETYPE OF WORK FOR MOST OF WORKING LIFEL INDUSTRY Fallston (2047) 929 Old FALISTON ROAC Housewife HOMEMAKET USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STREET ADDRESS / ZIP CODE POR 13d INSIDE CITY LIMITS? Harford G. FAllston (21047) Maryland YES X NOF 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME E SpiCET Certifia Blackburn report 17 INFORMAN(SON) 277-7715 ADDRESS 29 Old Fallston Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN HE YES, GIVE WAR OR DATEST Mr. WAITETE. SEWELLET, FAILSTON, MARYLAND 2104" 216-52-6606-31 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for re) PART I. DEATH WAS CAUSED BY ardiobnemonal MMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate e & Obstruction & Phile Duts cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN **IFICATION** 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES [ NO | CERT 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS PM 19 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC I NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an abave, (I) (we) (did) (did not) 19\_06 and that in (my) (aur) apinian death accurred an the date and have and fram the causes stated iew the bady after death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN July 8, 1986 224 PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4)

the St

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should

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

FOR

- STATE

BuriAl JUNERAL DIRECTOR FOSTER 50 W. Brondway & williams St. mulwille Folo

murl NAFAIN MATHUR, M.D

23b. DATE

July 10, 1986

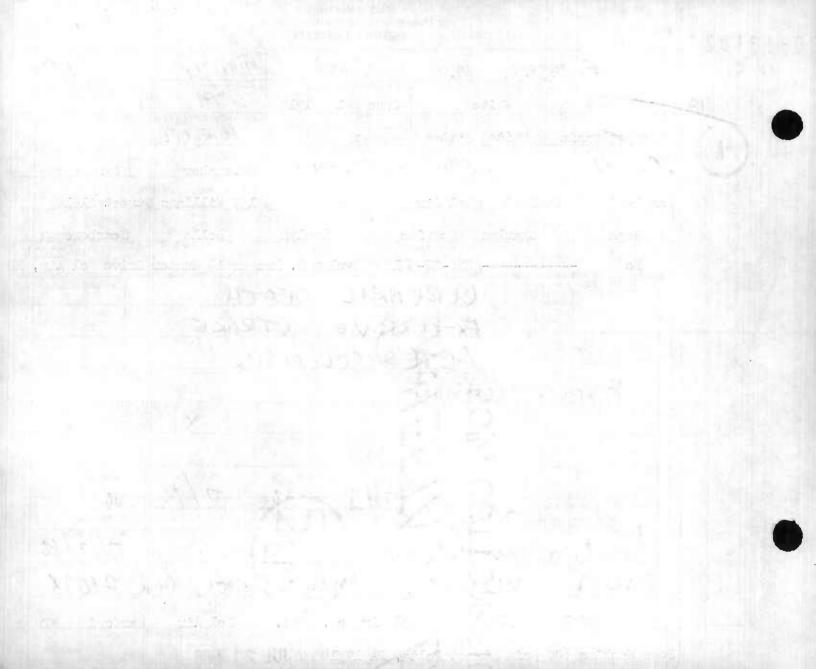
BET Air, Maryland 21014

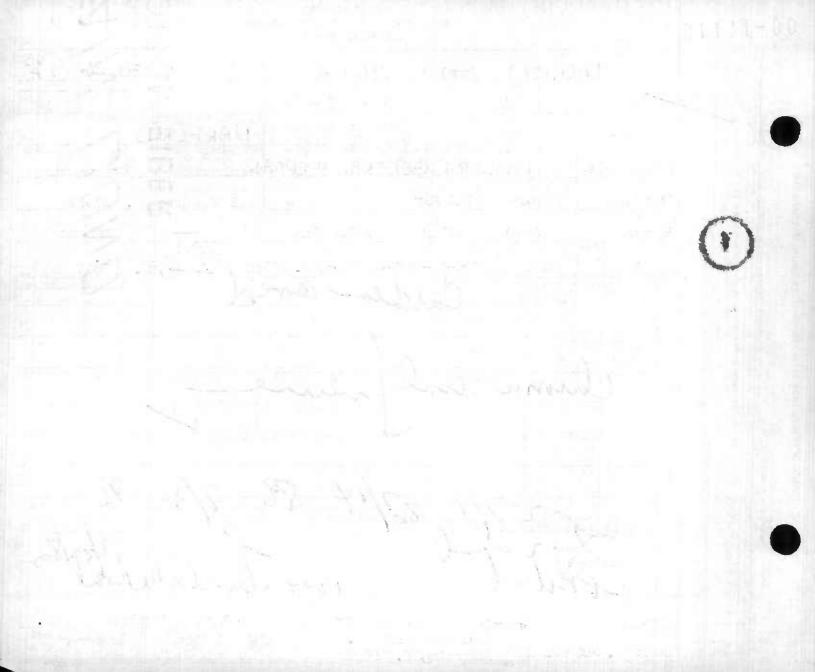
23¢ NAME OF CEMETERY OR CREMATORY

FAILSTON MEHIORIST Church Con. FAILSTON, Harbord Co. Maggland 21047 ISTRAR PS REG TRARIS SIG

1305 Fallston Road, Fallston, Maryland 21047

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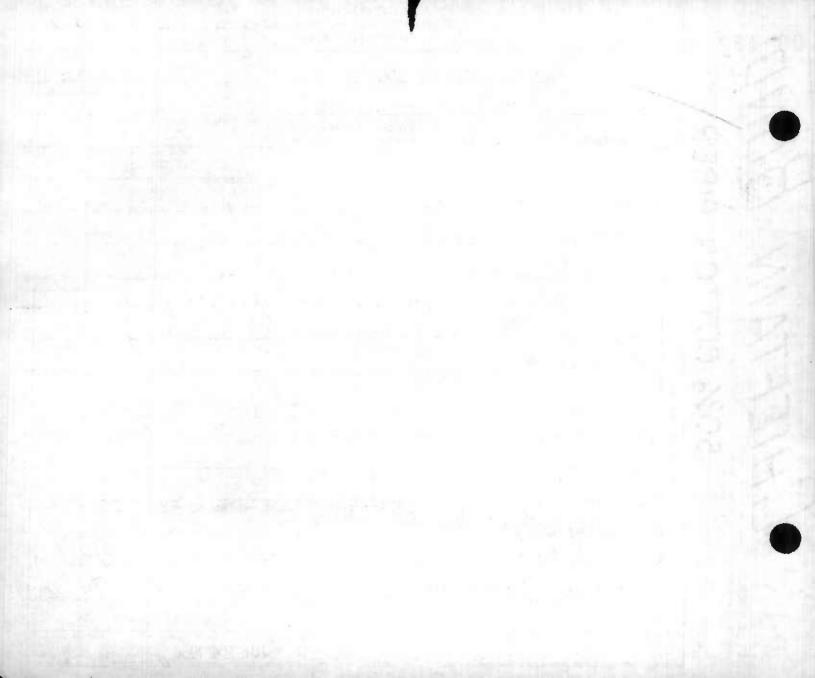


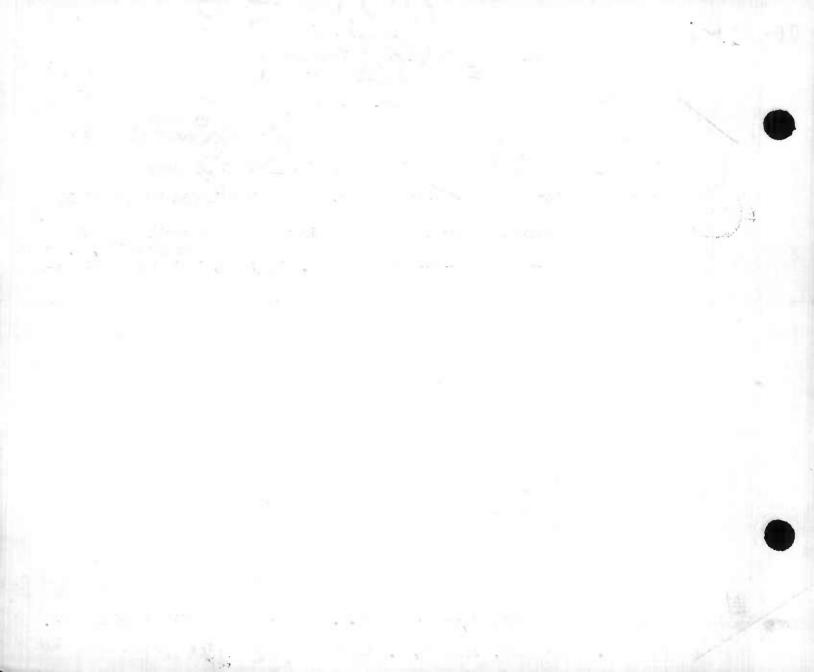


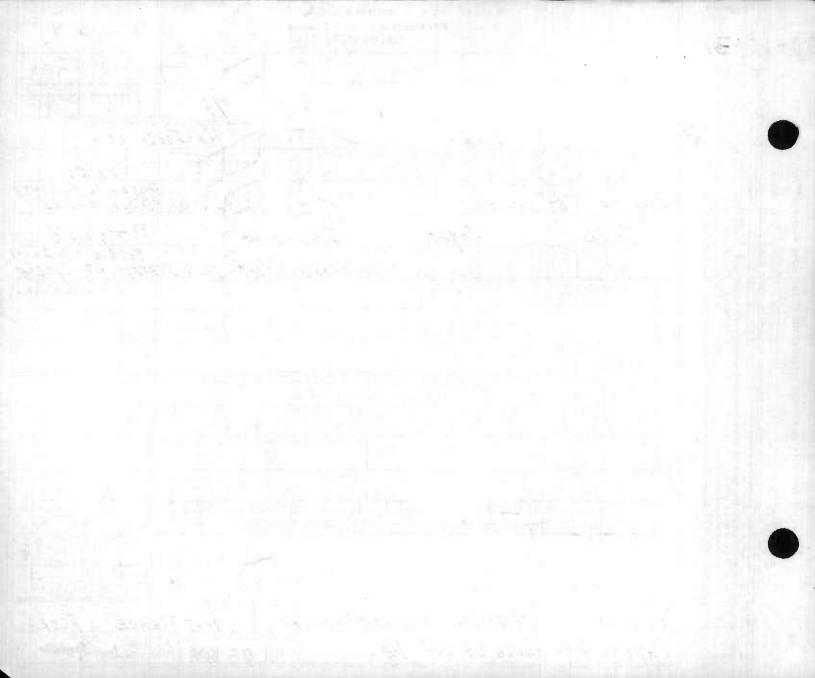
STATE OF MARYLAND

	TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES & 2 0 4 8 / CERTIFICATE OF DEATH  REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENES & 2 0 4 8 / REG. NO.											
1		CEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MO	NTH DAY	YEAR 2b	HOUR		
1		Est	her	Ellen	Sing	leton	July 16, 19	986	1	2:05p M		
1	3. 5EX		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHD)	MONTHS		FUNDER 24 HRS		
1	Fe	emale	White	White		25,1933	52	YRS	and and an			
-	7g. BIF	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR C					
		nnsylvania	U.S		WIDOWE		Harford					
4	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		IND OF B	BUSINESS OR		
-		erdeen		t Bel Air		iue	Homemaker					
V	13e. S		e or other institution DUNTY arford	134 CITY OR TOWN Aberdee	V	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 23 East Bel	21001				
1		THER'S NAME	arrord	Aberdee	11	15 MOTHER'S MAIDEN NA		AII AVE	nue/	21001		
	B	George	MIDDLE	Hicks		E11en	WIDDIE	Bro	LAST			
79 F 100 A A 114 116 116 116 116 116 116 116 116 116	160 W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	DIC	Bropton			
	(1		A A A A A A A A A A A A A A A A A A A	169-26-1	600	Wm.T. Single	leton, Same As Above					
		CAUSE OF DEATH (Enter	r anly ane cause pe USED BY:	r line farjai, (b), and	BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
		IMMEDIATE CAUSE (0) Pacy 11 atom months energy										
		DUE TO, OR AS AICONSEQUENCE OF										
		gove rise to immediate										
		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a										
	ATIO	190 DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
	TIRC						YES NO	CERTIFYING C	NG CAUSES OF DEATH?			
	CER	210 ACCIDENT WAS UNDERLYING	110110		V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2)					
	CAL	OR CONTRIBUTING CAUSE OF	DENIN	.M.	19							
	EDIG	214 INJURY OCCURRED		OF INJURY	DAY ETC 1	211. LOCATION	CITY OR TOWN	cou	COUNTY STATE			
	2	NOT WHILE ALL WORK ALL WORK										
		220 I certify that (1) (this he			0/	ach // 19 81	6 to Resul 2	19_5	-	it (I) (we) last		
	saw the deceased alive an 21/12/19-86, and that in (my) (aur) apinian death accurred an the date and haur and fram above (I) and (did and view the body after death.											
		27E SIGNATURE	220	221. DATE SIGNED								
			min			PHYSICIAN [						
22d. PHYSICIAN'S NAME (I) PRINT)  22e ADDRESS  (A) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )									DE	-CAACI		
	23a. B	SURIAL, CREMATION, REMOV	/AL 23b. DATE	230	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION	, ,		377.70		
	16	Burial	7/19/			Mem. Gdns.	Aberdeen, H	arford.N	larv1	and		
		UNERAL DIRECTOR	1.1201	2700   110	22020		E REC'D. BY REGISTRAR 256					
	Ta	Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399 JUL 24 1986										

DHMH - 16 60M 7/84 (VRA 15, 4)







STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE DEPRINT) 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 10 11 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Trucking LIFE Contractor Trucking 4 FATHER'S NAME Catherine Novotony Fredrick Spies Annie George 17 INFORMANT 4847 Philadelphia Rd. Cora H. Spies Aberdeen, Md. 21001 - 0320 None 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) HILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

THE PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

ATTENDING MEDICAL. PHYSICIAN DIRECTOR PHYSICIAN 22¢ DATE SIGNED

DEGREE

230 BURIAL, CREMATION, REMOVAL Burial

IGN ATURE

23b. DATE 7-31-86

abave(1) (we) (did) (did nat) view the bady after death

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Cokesbury Methodist Abingdon

Harford

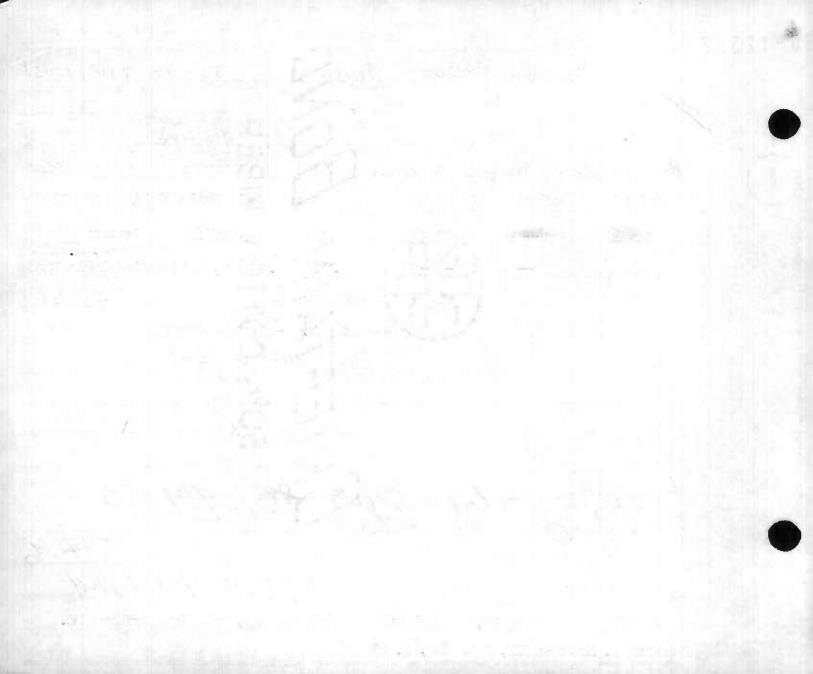
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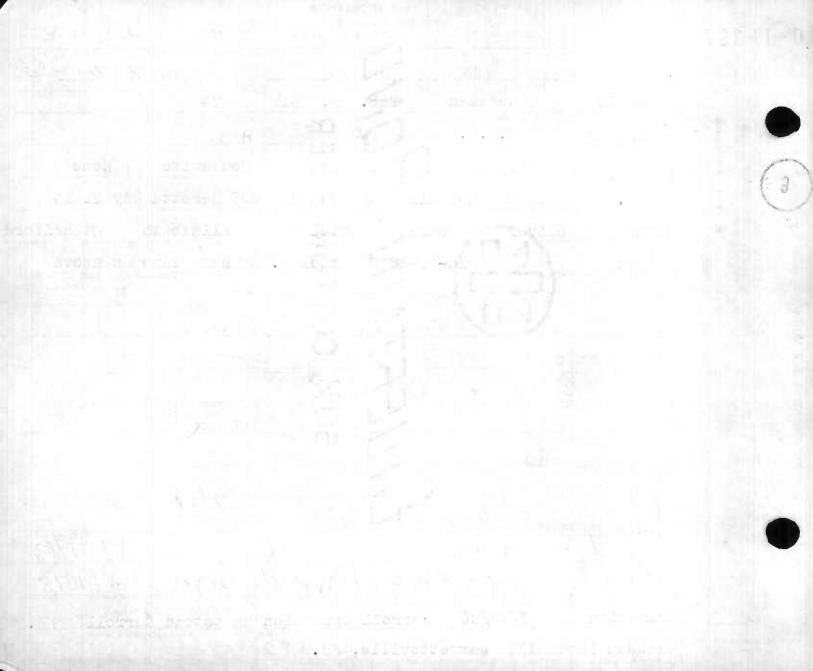
DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III Abingdon Md 21009 M. FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH 2b. HOUR TYPE OR PRINTS Hamilton DONald 05 4 RACE IF UNDER 1 YEAR IF LINDER 24 HRS MONTH Male White June 8, 1906 80 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Penna. WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR ACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTR' Carpenter Construction Memoria 13b COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 2414 Philadelphia Road Harford 21040 Edgewood Maryland NO K YES [ 14 EATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Cecilia Maurey Tharp Eva Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Edgewood, Md. 21040 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Mrs. Verna C. Tharp, 2414 Philadelphia Road 165-16-0314 no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o). stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED THE PLACE OF INJURY III LOCATION AT HOME STREET FACTORY OFFICE FARM, ETC.Y COUNTY STATE CITY OF LOWN NOT WHILE 22a | certify that (I) (this hospital) attended in a few nd that in (my) (our) apinion death occurred on the date and hour and from the couses stated DEGREE THE SIGNATURE ATTENDING MEDICAL FUNERAL I MYSICIAN | DIRECTOR PHYSICIAN The ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 17,1986 Bel Air Memorial Gardens, Bel Air Burial Harford 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)





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12216	1-	FOR STATE REGISTRAR			DEP		CATE OF DEATH	0 0	2 EG. NO.	0 4	4 3		
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m 4 + + 9	mabel				I pulse Zink				7 17 86 17				
000				RACE 5. DATE OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS						
at up	Fomolo			White		MONTH	DAY YEAR	69	YRS	MONINS DAYS	HOURS MIN.		
1		Female		75 CITIZEN OF WHAT COUNTRY?		18V7 8 *	April 4,1917		9 BALTIMORE CITY OR COUNTY OF DEATH				
张 第二	COUNCES			II C A		MARRIED	MARRIED NEVER MARRIED WIDOWED DIVORCED		Harford				
1		Maryland		11. NAME OF HOSPITAL, NURSING		IRSING HOME O	G HOME OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Operator  C&P Tele				
2 Cal	Lh					1 262 2 22							
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					13c. CITY OR	de Grac	13d. INSIDE CITY LIMITS	? 13e STREET ADD	RESS / ZIP CO	ad/21078	Q		
10000		ryland   I	larfo	ru	пачте	de Grac	15. MOTHER'S MAIDEN		aper No	ad/21070	3		
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2 4 9			# res out w	VAR ORDATEN						1 - 4	21078		
1		NO	N/A		220-03	5-4367	A.W.Zink 4	UI/ Chapel	ка.,на				
10 de 1		18 CAUSE OF DEATH	Enter only	ane cause per	1 1. 11	4	. 51.	. 1		BETWEEN	XIMATE INTERVAL		
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1	CERTIFICATION	IVA DATE OF OPERATIO	)N	19b. COND	ITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FIND	S OF DEATH?		
4444	E I	21s. ACCIDENT WAS UNDER	alaste Proj	21b. TIME C	DE INTILIDA		21c. HOW INJURY OC			YES	NO 🗌		
S Table	DATEDRIL	OR CONTRIBUTING CA	Transf.	110110 4	M. MONTH	DAY YEAR	THE TIOW HAJORT OC	CORRED (ENTER NATURE	OF HAJORY HATTEN	D PART I OR PART 27			
25 4/	MEDICAL	(# EITHER, NOTEY MEDICAL			M.	19	711 LOCATION						
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orthe orthe		AT HOM AT HOME	П		,		11/6/	71	17/86				
1 th 10 th		23s.1 certify that (h (t)	HD052302901	i of ended the	ofecetased f		10/00.19_		1	. 19	, that (I) (we) last		
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15 47		226 PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS											
ould by the policy of the poli		IRVIN L	. Wo	ucksm	and		S. U	sion Ave.	Harre	60 GRA	re MD		
5 4 3 X	23a 1	BURIAL CREMATION, RE	MOVAL	23b DATE		23c NAME OF C	EMETERY OR CREMATO		N	100/100			
	В	urial		7/21/8	16	Harford	Mem. Gdns.	Abero	leen,Har	ford, Ma	ryland		
71111115	24 F	UNERAL DIRECTOR						DATE REC'D. BY REG					
H - 16 60M 7/84 (VRA 15, 4)	Ta	rring Funer	al Ho	me.P.A	.Aberd	een MD. 2	1001-3399	JUL 24 B	1010		9		

